



# Payroll Action Form: Change Addendum

**Human Resources Use Only**  
 Date received to process: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Completed: \_\_\_\_\_  
 Payroll salary breakdown (applicable): \_\_\_\_\_

### Section I: Employee Information - General

Name: \_\_\_\_\_ Personal email: \_\_\_\_\_  
 First Last  
 Exempt Non-exempt Number of hours per week: \_\_\_\_\_  
 Current title: \_\_\_\_\_ Site(s): \_\_\_\_\_

- Before School  After School  Immersion  Day Camp  Middle School U  Wander Wisconsin  
 Administration  Program Support  Neighborhood Center  Year-Round

### Section II: Reason for Change (attach supporting documents where applicable)

**New/additional title:** \_\_\_\_\_ **New site(s):** \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

- Before School  After School  Immersion  Day Camp  Middle School U  Wander Wisconsin  
 Administration  Program Support  Neighborhood Center  Year-Round

**New Rate/Salary:** \$\_\_\_\_\_/year \$\_\_\_\_\_/hour \$\_\_\_\_\_/class \$\_\_\_\_\_/trip \$\_\_\_\_\_/half-day course \$\_\_\_\_\_/all-day course

Cost Center: **Wage Description:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Reason(s) for New Rate/Salary:** *Please select the following reason(s) for change and attach any supporting document(s).*

- Merit increase based on rating of \_\_\_\_\_ % Equation: \_\_\_\_\_ Review date: \_\_\_\_\_  
 Base hourly rate/salary increase \_\_\_\_\_  
 Promotion: \_\_\_\_\_ to \_\_\_\_\_ Site: \_\_\_\_\_  
 Change in number of hours for exempt position  
 Change in number of hours for non-exempt position  
 Change in position classification: \_\_\_\_\_ to \_\_\_\_\_ Site: \_\_\_\_\_  
 T.E.A.C.H. Bonus \$ \_\_\_\_\_ effective \_\_\_\_\_ payroll period  
 Temporary position from \_\_\_\_\_ to \_\_\_\_\_  
 **Other:** \_\_\_\_\_

If program staff (PD for new rate or salary):

Child care related coursework (Hours/Title of class): \_\_\_\_\_

Licensed time (Hours/Location): \_\_\_\_\_

Teacher Qualified  Assistant Qualified  Entry Level  Registry certificate level \_\_\_\_\_

Experience level: \_\_\_\_\_ Education level: \_\_\_\_\_ Area of study: \_\_\_\_\_

**Effective date:** \_\_\_\_\_ **Start date:** \_\_\_\_\_

### Section III: Eligibility for Benefits

Employee is eligible for the following benefits:

- |                     |   |  |  |
|---------------------|---|--|--|
| Health              | <input type="checkbox"/> Yes <input type="checkbox"/> No _____% | Life insur/Short- & long-term disability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental              | <input type="checkbox"/> Yes <input type="checkbox"/> No        | PTO                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 403B                | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Vacation                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child care benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No        | Holiday                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Human resources manager \_\_\_\_\_ Date \_\_\_\_\_

### Section IV: Initial Approval

Approval to offer position: *Please note that by typing your name below constitutes a legal signature when completing this form electronically.*

Immediate supervisor \_\_\_\_\_ Date \_\_\_\_\_

Division director \_\_\_\_\_ Date \_\_\_\_\_

Executive director \_\_\_\_\_ Date \_\_\_\_\_