



# 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) (Hours/Title of class)

Licensed time: \_\_\_\_\_  
(Hours/Location) (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  Yes  No \_\_\_\_\_ % Life insur/Short- & long-term disability  Yes  No

Dental  Yes  No PTO  Yes  No

403B  Yes  No Vacation  Yes  No

Child care benefits  Yes  No Holiday  Yes  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 \_\_\_\_\_