



# 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 \_\_\_\_\_