

DU PAGE COUNTY PERSONNEL PAYROLL CHANGE



Employee Information (Must include address and telephone number for New Hires & Rehires)

Full Name _____ HR Company _____ HR Process Level _____
 Address _____ HR Department Level _____ Employee ID _____
 City _____ Zip Code _____ Telephone (____) ____ - ____ Gender: Male Female

New/ Current Information:

Effective Date (New Hires/ Rehires) _____ Accounting Company _____ Accounting Unit _____
 Department Name _____ Activity Code _____
 Position Number _____ Current Job Code _____ Current Job Title _____
 Current Salary Hourly \$ _____ Bi-Weekly \$ _____ Annual \$ _____
 Grade _____ % of Midpoint _____
 Probationary Period Ends _____ Date of Review _____
 Shift _____ Payrule Code(Convalescent Center Only) _____ Phone Group(Convalescent Center Only) _____

Employee Status

New Hire Rehire _____ Bi-Weekly Hours Full-Time Part-Time Per Diem Registry Temporary

Disability/ FMLA From _____ To _____ Return Date _____ **Applying for IMRF**
 Date IMRF Begins _____

Leave of Absence From _____ To _____ Return Date _____

Military Leave From _____ To _____ Return Date _____

Worker's Comp From _____ To _____ Return Date _____

Suspension From _____ To _____ Return Date _____ **Paid** **Unpaid**

In Service Changes

Merit Increase Promotion Job Reclassification Other Salary Action
 (Describe in remarks section)

Equity Demotion Change Status From _____ To _____

Transfer (Accounting Company/Unit/Activity Code) From _____ To _____

Changes Effective Date _____

New Position Number _____ New Job Code _____ New Job Title _____

New Salary Hourly \$ _____ Bi-Weekly \$ _____ Annual \$ _____

Grade _____ % of Midpoint _____ % of Change _____ Merit (score) _____

6 month/ Probationary Period Review 1 year Review

Probationary Period Ends _____ Date of Next Review _____

Shift _____ Payrule Code(Convalescent Center Only) _____ Phone Group(Convalescent Center Only) _____

Remarks (If applicable, please include the position number and the name of employee vacating above position)

Requested by _____ Date _____
 Department Head/ Elected Official

Approved by _____ Date _____
 Director of Human Resources

When the Department Head and Director of Human Resources are the same, the Chief Administrative Officer, or designee, shall sign for the Director of Human Resources.