

Payroll Report of Changes to Salary

Only Overtime Eligible Employees Can Receive Callback, Standby, Compensatory Time or Overtime.

1. Name		Last														First														M.I.			2. Evergreen I.D. (A #)												
3. Employing Dept.																														4. Month						5. Year									
Day of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	1.5 Calculation										
6.	Leave Without Pay																0																	0											
7.	Overtime Pay																0																	0											
8.	Additional Pay at Straight Time																0																	0											
9.	Callback																0																	0											
10.	Shift Differential																0																	0											
11.	Standby																0																	0											
11.A Date of Evergreen Employment _____ Range and Step: _____ HRS Only: \$1.50 _____ or 7% _____																																													
12.	Compensatory Time Earned																0																0	0											
13.	Compensatory Time Cash out																0																	0											
14.	Other																0																	0	0										
15.	Overtime Account Distribution Exceptions	Account Code _____ Sub-Code _____														16. Separation Leave Pay (hours)																													
																Separation Date _____						Vacation Leave _____						Comp. Time _____																	
																Sick Leave _____						Vacation Accrual Rate _____																							
17. Comments _____																	18. Type of Action						19. Status																						
																	<input type="checkbox"/> LWOP <input type="checkbox"/> OT <input type="checkbox"/> Shift Differential <input type="checkbox"/> Separation <input type="checkbox"/> Suspension						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hrs/Week																						
20. Employee Signature _____																	Date _____																												
21. Authorized Account Signature _____														Date _____		22. AVP of Human Resources Signature _____												Date _____																	

Copies To: HRS, Employee, Department