



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

PAYROLL ACTION CHANGE FORM

 Employee Name (Last, First) _____
 Effective Date of Change

 Reason for Change

Position Title: _____ No Change
Former New

Payrate: _____ No Change
Former New
 (*Enter Hourly rate for Non-Exempt; Bi-Weekly rate for Exempt)

FLSA Status: Exempt Non-Exempt No Change

Employment Status: No Change
 Regular
 Temporary/Seasonal
 Casual/As-Needed

Schedule: No Change
 Full-Time
 Part-Time (note hours:) _____
 Casual/As-Needed

NVE Issued Cell Phone: Yes No No Change

Cell Phone Reimbursement (refer to Policy NVE-017): None \$30.00 \$50.00 No Change

Funding Codes: _____ No Change
Former New

Supervisor: _____ No Change
Former New

Benefits Affected: None Medical/Dental/Vision Life/Disability AAL 401K

Termination: Yes No

 Signature #1: Department Head _____
 Date

 Signature #2: Finance Director _____
 Date

 Signature #3: Executive Director _____
 Date

 Signature #4: Employee _____
 Date

HR Use Only	
If termination, eligible for rehire? Yes No	
Entered into MIP:	
_____ HR Personnel Signature	_____ Date