

Native Village of Eyak
110 Nicholoff Way
P.O. Box 1388
Cordova, Alaska 99574-1388
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www.eyak-nsn.gov



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

PAYROLL ACTION NEW FORM

Employee Name (Last, First)

Effective Date of Change

Position Title: _____

Payrate: _____
*(*Enter Hourly rate for Non-Exempt; Bi-Weekly rate for Exempt)*

FLSA Status: Exempt Non-Exempt

Employment Status:
Regular
Temporary/Seasonal
Casual/As-Needed

Schedule:
Full-Time
Part-Time (note hours:) _____
Casual/As-Needed

NVE Issued Cell Phone: Yes No

Cell Phone Reimbursement (refer to Policy NVE-017): None \$30.00 \$50.00

Funding Codes: _____

Supervisor: _____

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

Signature #1: Department Head

_____ Date

Signature #2: Finance Director

_____ Date

Signature #3: Executive Director

_____ Date

Signature #4: Employee

_____ Date

HR Use Only
Entered into MIP: _____
HR Personnel Signature _____ Date _____