



## PAYROLL ACTION FORM

### PART I-General

Department	Position	Effective Date

Action Type	
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### PART II- Employee Information

Last Name	First Name	Middle Name

Address	City	State	ZIP

Home Phone	Work Phone	Cell Phone

Social Security #	Date of Birth	Employee Start Date

### Part III- Payroll/Budget Changes

<b>Payroll Status:</b>		<b>Pay Rate (hourly):</b>	
<b>Employment Type:</b>		<b>Pay Rate (salary):</b>	
<b>Classification:</b>		<b>Retro pay due:</b>	

### Part IV- Separation

Type of Separation	Last Day Worked	Date of Cobra offer	Accept	Decline

<input type="checkbox"/> <i>Check here if Eligible for Re-Hire</i>	<input type="checkbox"/> <i>Check Here if notice was given</i>
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### Balances- Balances will be paid by check only.

Regular Hours	Overtime	Vacation Leave	Comp Time	Loan Balance

### Part V- Benefits and Deductions

Medical	Dental	Vision
Explain other:	Explain other:	Explain other:
Amount:	Amount:	Amount:
		<b>Grand Total:</b>



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Part VI- Other Deductions

AFLAC	Life Insurance	Other
Explain other:	Explain other:	Explain other:
Amount:	Amount:	Amount:
		<b>Grand Total:</b>

Other Deduction Payee Information

Payee Name	Start Date	End Date

Address	City	State	Zip

Part VII- Signatures/Approvals

	Employee Signature		Supervisor
	Tribal Administrator/Director		Tribal Council Member

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	Human Resource		Payroll Department

Final Check #	Amount	Retro Pay Check #	Amount