

# 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 of Staff, or designee, shall sign for the Director of Human Resources.