

Texas Lutheran University

Payroll Change Form 2009-2010 Academic Year

Please complete this form when the students employment status in your office changes. Once completed, please send form to LaVerne Roskydal in Payroll.

Student Information:			
Name		Student ID	
Department Information: For changes made by the department			
Department Name		Dept Account #	
Reason for Change	<input type="checkbox"/> Change in job title New title _____	<input type="checkbox"/> Pay Rate Change New Rate \$_____/hr.	
	<input type="checkbox"/> Termination (student quit or was fired) Last Date Employed _____	<input type="checkbox"/> Change Department Code to _____	
Supervisor Name			
Supervisor Signature		Date	
Budget Director Signature		Date	
Financial Aid Information: For changes made by Financial Aid.			
Change Object Code to	<input type="checkbox"/> FWS (8075)	<input type="checkbox"/> TCWS (8077)	<input type="checkbox"/> STEM (8070)
Beginning with Pay Period		Requires Journal Entry for Prior Pay Period(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid Signature		Date	
Payroll: To be completed by Payroll Department			
Date changes made		Signature	