

# City of Shelton

## Departmental Payroll Request Form

Name: Department:  
Address: Job Title:  
City, State, Zip: Account #:  
Social Security: Hire Date:  
Date to this Position:

### Appointment Status

Temporary: Provisional: Permanent:  
Full time: Seasonal: Part Time:  
hrs per week

From: To: Probation Ends:

### Reason for Payroll Change

New Employee:  
Contractual Obligation:  
Annual Review:  
Other:

### Salary Information

Date of Last Increase: From: Annual Salary \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Class/Grade  
To: Annual Salary \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Class/Grade

Effective Date:

### Approved

Requested By: Date: Department:  
Approved by Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Admin. Asst.: \_\_\_\_\_ Date: \_\_\_\_\_

Sent to Payroll: \_\_\_\_\_  
Cc: Benefits \_\_\_\_\_

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