



Payroll Changers Form

Payroll Number:		Date change effective from							
Surname		Forenames				Title			
Dealership									
Department									
Job Title									
Reason for Change									
State New Annual Salary (If Applicable)	£		Contracted Hours						
State New Hourly Rate	£	per hour	Lunch Break		None	30 mins	1 hour		
State number of hrs worked each day (If employee has a set day off please state)			MON	TUES	WED	THUR	FRI	SAT	SUN
HOB signed:			HOB Name:						
Date:									
Director Signed:									
Date:									