

Argyle Independent School District
Payroll Change Form for Current Employees

NOTE: "Gray" areas to be completed by Central Office Staff

Employee Name:

Employee Number:

Address Change*

Street Address:

City:

State: Texas

Zip:

Home Phone:

Cell Phone:

Email Address:

** Submit TRS 358 - Change of Address Notification for submission to TRS if applicable*

Emergency Contact Name and Phone Number:
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Regular Job Assignment or Campus Change

Prior Job:	#Days:	New Job:	#Days:
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Prior Campus:

New Campus:

Salary Change

Increase Monthly Salary by \$	Coding:
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Decrease Monthly Salary by \$	Coding:
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Reason for Change:

"Other Duty" Assignment Change

Prior "Other Duty" 1:	New "Other Duty" 1:
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Coding:	Coding:
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Prior "Other Duty" 2:

New "Other Duty" 2:

Coding:

Coding:

Prior "Other Duty" 3:

New "Other Duty" 3:

Coding:

Coding:

Employee Signature and Date:

Hiring Approval Signature and Date:

Campus Signature and Date:

CFO Approval Signature and Date:
