

CITY OF NORTH LITTLE ROCK
PERSONNEL/PAYROLL MAINTENANCE DOCUMENT

Current Date _____ Pay Ending _____
 Employee # _____ Dept # _____ Soc/Sec # _____
 Last Name _____ Title Code _____ Phone _____
 First Name _____ Initial _____ Job Title _____
 Address _____ Marital Status _____ Full/Part Time _____
 City _____ State _____ Uniformed/Non-Uniformed _____ Grade _____
 Zip _____ Sex _____ Race _____ Position Code _____ Supervisory Pay _____
 Sequence # _____ I-9 Yes _____ No _____ Hourly/Salary _____ Pay Frequency _____

Pay Rate \$ _____ + Longevity _____ = Total _____
 Monthly Rate _____ + Longevity _____ = Total _____

Addtl/Diff _____ Shift _____

Docked Pay _____

Deductions

Tax Code Federal _____ Federal Dep _____

Addtl Federal Code _____ Addtl Amt _____

Tax Code State _____ State Dep _____

Addtl State Code _____ Addtl Amt _____

Date of Hire _____

Resigned / Retired / Terminated
Date _____

Date of Birth _____

Promotion Date _____

Anniversary Date _____

Longevity Date _____

Remarks: _____

<u>Description</u>	<u>Amount</u>
Health _____	_____
Dental _____	_____
Life _____	_____
Pension _____	_____
Medicare _____	_____
_____	_____
_____	_____
_____	_____

Terminations Only

Vacation Pay \$ _____
 Sick Leave Pay \$ _____
 Total \$ _____

Recommended _____ Date _____

Approved _____ Date _____