

# BOIS FORTE RESERVATION TRIBAL COUNCIL EMPLOYEE PAY DATA CHANGE FORM

EMPLOYEE NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

DIVISION: (CIRCLE ONLY ONE)

ACCOUNTING	ADMINISTRATION	BF HOUSING	COUNCIL
EDUCATION	HEALTH	HUMAN RESOURCES	HUMAN SERVICES
JUDICIAL	LAW ENFORCEMENT	MSC	NATURAL RESOURCES
PLANNING	RTC		

DESCRIPTION OF/PURPOSE OF CHANGE:  
(I.E. "CHANGE SALARY LINE ITEM NUMBER FROM.....TO.....AND/OR PERCENT FROM.....TO.....", "ADD/DELETE.....BENEFIT", ETC)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PROGRAM DIRECTOR OR HUMAN RESOURCES SIGNATURE

\_\_\_\_\_  
DATE

---

**FOR PAYROLL DEPARTMENT USE ONLY:**

EXPENSE CENTER: _____	PER CENT: _____%	WC CODE: _____
EXPENSE CENTER: _____	PER CENT: _____%	WC CODE: _____
EXPENSE CENTER: _____	PER CENT: _____%	WC CODE: _____
EXPENSE CENTER: _____	PER CENT: _____%	WC CODE: _____
EXPENSE CENTER: _____	PER CENT: _____%	WC CODE: _____
EXPENSE CENTER: _____	PER CENT: _____%	WC CODE: _____

\_\_\_\_\_  
ACCOUNTING SIGNATURE

\_\_\_\_\_  
DATE