



Jackson Parish Police Jury

Employee Change/Request Form

Current Date: \_\_\_\_\_ Effective Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Current Position: \_\_\_\_\_

**New Employee**

Employee Title (including level): \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ Status: \_\_\_\_\_  
(probationary, permanent, temporary, etc.)

**Current Employee**

- Change in pay/status/position
- Personal information (name, address, phone, marital status, etc.)
- Benefit information (beneficiary name change, life event changes, etc.)
- Change in payroll deductions
- Other (specify): \_\_\_\_\_

CHANGE FROM: \_\_\_\_\_

CHANGE TO: \_\_\_\_\_

Additional notes/details of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Employee Signature (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Superintendent Signature (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Secretary-Treasurer Signature*

\_\_\_\_\_  
*Date*