Payroll Change Form for Disability Leave

| Employee Name | |
|---|---|
| | |
| Employee ID | |
| | |
| Department | |
| | |
| Position | |
| | |
| | |
| Disability Leave Start Date | |
| | |
| Disability Leave End Date | |
| | |
| Type of Disability Leave | |
| | • |
| | |
| Describe Payroll Change (if applicable) | |
| | |
| | |
| | |
| Manager Name | |
| | |
| Manager Signature | |
| | |
| Date | |
| | |