

**GOVERNMENT OF GUAM** 

HAGATNA, GUAM 96910

## DEPARTMENT OF ADMINISTRATION FINANCIAL MANAGEMENT SYSTEM



		Request No.:			
			Date:		
Subject Title: Request for Change of Employee Payroll Job Order Master					
FROM	DES	CRIPTION	то		
	EMPLOYEE'S NAI	ИЕ			
	PAYROLL NUMBE	R			
	DEPARTMENT N/	AME			
	DEPARTMENT PA	Y CODE			
	DIVISION / SECTI	ON OR PROGRAM NAME			
	JOB ORDER NUM	BER			
EXPLANATON:					
DEPARTMENT OR AGENCY					
PREPARED BY:	PREPARED BY: APPROVED BY:				
	DATE			DATE	
FOR PAYROLL USE ONLY					
CORRECTED BY:		EFFECTIVE PAY PE	EFFECTIVE PAY PERIOD:		
PAYROLL TECHNICIAN	DATE		DATE		
FINAL	REVIEW BY:				
CHIEF PA	AYROLL OFFICER		DATE		

Form ACC-PYH001 (Dec 2014)