Farmingdale State College
STATE UNIVERSITY OF NEW YORK

SHIFT CHANGE NOTIFICATION

Please fill out this form when an employee has a shift change and send it to Payroll@farmingdale.edu.

Submitted by :

Name _____

Title _____

Email _____

Ext. _____

Name of Employee _____

New Shift hours _____

Effective Date _____

FOR PAYROLL USE ONLY

	PP	Effective Date	Amount
Eligible for Shift Differential			
Stop Shift Differential			

	By	Date
Entered		
Audited		