**Please Note: No changes may occur without completion of this form**

**Paperless Timesheet Change**

Please complete this form anytime you are adding or removing an employee from an approval path or there is a change in supervision for any existing employee and forward to Payroll Supervisor by e-mail to: [dhmh.payroll@maryland.gov](mailto:dhmh.payroll@maryland.gov) .

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Code: | |  | | | | | |  |
|  | | | | | | | | |
| TK Sort: | |  | Name of Unit: | |  | | |  |
|  | | | | | | | | |
| Agency Contact: | |  | |  | |  |
|  | | Name | Telephone number | | | | |  |
| Date Form Submitted: | |  | | | | | |  |
|  | | | | | | | | |
| **New Employee:** | | | | | | | | |
| Name: | |  |  | |  | | |  |
|  | | First | Middle Initial | | Last | | |  |
|  | | (If this employee supervises please complete the section: **Change in Supervision**) | | | | | |  |
|  | | | | | | | | |
| EIN (if known): | |  | Email Address: | |  | | |  |
|  | | | | | | | | |
| Supervisor: | |  | |  | | EIN |
|  | | Name | Telephone number | | | | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Delete Employee:** | | | | | | | | | | | | | Name: | |  | |  | |  | | | |  | | |  | | First | | Middle Initial | | Last | | | |  | | |  | | (If this employee supervises please complete the section: **Change in Supervision**) | | | | | | | |  | | |  | | | | | | | | | | | | | EIN (if known): | |  | | Email Address: | |  | | | |  | | |  | | | | | | | | | | | | | Effective Date: | |  | | Reason for Removal: | |  | | | |  | | |  | | | | | | | | | | | | | Supervisor: | |  | | | |  | |  | |  | | Name | | Telephone number | | | | | |  | | | | | | | | | | |
| **Change in Supervision:** | | | | | | | | |
|  | **Remove Supervision from:** | | | | | | | |
| Supervisor’s Name: | |  | EIN: | |  | | |  |
|  | | | | | | | | |
| Employee Supervised: | |  | EIN: | |  | | |  |
|  | | | | | | | | |
| Employee Supervised: | |  | EIN: | |  | | |  |
|  | | | | | | | | |
|  | **Add Supervision to:** | | | | | | | |
| Supervisor’s Name: | |  | EIN: | |  | | |  |
|  | | | | | | | | |
| Employee Supervised: | |  | EIN: | |  | | |  |
|  | | | | | | | | |
| Employee Supervised: | |  | EIN: | |  | | |  |
|  | | | | | | | | |
| If you have any questions completing this form please contact the Payroll Department at 410-767-5544. | | | | | | | | |
|  | |  | | | | | | |
| CT 11/12 | |  | | | | | | |