**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 .

|  |  |  |
| --- | --- | --- |
| 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 |  |