



MEMBER PAYROLL DEPARTMENT CHANGE

■ **Important** – Employers use this form to request a change to a member’s pay department number.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638
email: kpers@kpers.org • web site: kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Employer Information

1. Employer: _____ 2. KPERS Employer ID#: _____

■ **Part B – Member Information** – Please enter the member’s personal information as each appeared on your last pay report.

1. Social Security Number: _____ 2. Name (First, MI, Last): _____

■ **Part C – Pay Department Information** – Please enter the member’s previous and new pay department information.

1. Previous Payroll Department Number: _____ 2. New Payroll Department Number: _____
3. Last Pay Date: _____ 4. First Pay Date: _____
5. Previous Job Position: _____ 6. New Job Position: _____

■ Part D – Employer Certification

Designated Agent Signature: _____ Month/Day/Year: ____/____/____