



# COUNTY OF HAYS

HAYS COUNTY TREASURER'S OFFICE  
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## PAYROLL CYCLE CHANGE FORM

NAME: \_\_\_\_\_ EMP # \_\_\_\_\_

### PLEASE CHANGE MY PAY CYCLE TO:

SEMI-MONTHLY – 15<sup>TH</sup> OR LAST WORKING DAY PRIOR TO  
THE 15<sup>TH</sup> AND THE LAST WORKING DAY OF THE MONTH

MONTHLY – LAST WORKING DAY OF THE MONTH

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_