

CPER/PPER MEMO
NEVADA DIVISION OF STATE PARKS



TO: Division Payroll Clerk

FROM: _____
(Name)

_____ Employee ID #

SUBJECT: Pay Period____ Week: 1st ____ 2nd ____ Wk Beg_____ Wk End_____

1. DATES AND TIMES OF CHANGE:

2. TOTAL HOURS OF CHANGE PER DAY:

3. REASON FOR CHANGE:

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

(REQUIRED)

(This form replaces the Adm-25 & Adm-25a for changes when signed and approved.)

Fax to Division Immediately
(775) 684-2777