



Employee Change Form

Name: _____ Social Security #: _____ - _____ - _____

Client Company: _____ Effective Date: _____ / _____ / _____

Employee Change		
Changes:	From:	To:
Name		
Marital Status <i>(Must complete new W-4 Form)</i>		
Home Address, City, State, Zip, Area Code, Telephone Number		
Emergency Contact Name, Relationship, Phone		

Employee's Signature: _____ **Date:** _____ / _____ / _____

Employer Change		
Changes:	From:	To:
Wage Rate Hourly Rate or Annual Salary		
Pay Frequency Weekly, Bi-Weekly, Semi-Monthly, Monthly		
Job Title		
Department		
Employment Categories Full Time, Part time, Temporary Exempt, Non-Exempt		
Insurance Class		

Reason For Change:

- | | | | |
|---|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Promotion | <input type="checkbox"/> New Hire | <input type="checkbox"/> Length of Service |
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Demotion | <input type="checkbox"/> On Probation | <input type="checkbox"/> Probation Complete |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Transfer | <input type="checkbox"/> Re-Hire | <input type="checkbox"/> Other _____ |

Supervisors Signature: _____ **Date:** _____ / _____ / _____