



EMPLOYEE CHANGE FORM

Name: _____ SSN: _____

Client Company Name: _____ Effective Date: _____

Employee Change		
Changes:	From:	To:
Name: (If new name, need copy of DL, SS Card, or court document)		
Address: (Home Address, City, State, Zip, Area Code, and Phone #)		

****Changes to Marital Status or Exemptions must be submitted on a new W-4 Form.**

Employee Signature: _____ Date: _____

Employer Change		
Changes:	From:	To:
Rate of Pay:		
Pay Type: Hourly, Salary, Commission, or Sal-Exempt		
Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Monthly		
Job Title:		
Home Department:		
Employment Categories: Full Time, Part Time, Seasonal, or Variable Hour		
W/C Classification Code:		

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

Supervisor Signature: _____ Date: _____