

Employee Change Form

Name: _____ Soc Sec #: _____ - _____ - _____

Client Company: _____ Effective Date ____/____/____

Employee Change		
Change(s)	From	To
Name		
Marital Status (Must complete new W-2 form)		
Home Address, City, State, Zip (Area Code) Telephone		
Emergency Contact (Name, Relationship, Phone)		

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

Employer Change		
Change(s)	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 Increase |
| <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's Signature: _____ Date: ____/____/____