



Employee Status Change Form

Client Company Name: _____

Employee Name: _____ SSN: _____ / _____ / _____

Change of Address: _____

City: _____ State: _____ Zip: _____

Pay Rate Change: _____ Effective Date: _____

- \$ _____ Hourly
- \$ _____ Salaried - Exempt
- \$ _____ Salaried – Non Exempt
- \$ _____ Other – Explain: _____

Deduction: Per Pay Period _____ Effective Date: _____

- \$ _____ Tool One Time Permanent Total of \$ _____
- \$ _____ Uniform One Time Permanent Total of \$ _____
- \$ _____ Other, Explain: _____ One Time Permanent Total of \$ _____

- Job Status:
- Full Time
 - Part Time
 - Rehire – Must include Employee Rehire Form
 - Employee Separation – Must include Employee Separation Notice

Department:

Workers' Compensation Code: _____ * Must be approved
*Job Duties / Description: _____

Authorized Client Signature: _____ Date: _____