

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: _____