

# 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: \_\_\_\_\_