



# Employee Change In Status Form

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PERSONAL INFORMATION CHANGES

(Name Change): \_\_\_\_\_

(Address Change): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Change of Home Phone): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### PAYROLL INFORMATION CHANGES

Change Effective Date: \_\_\_\_\_ Retro Pay on Next Payroll: \$ \_\_\_\_\_  
*(Please indicate amount of retro pay on next pay if applicable)*

New Pay Rate: \$ \_\_\_\_\_ Per \_\_\_\_\_ Old Pay Rate: \$ \_\_\_\_\_

New Job Title: \_\_\_\_\_ Worker's Comp Code: \_\_\_\_\_

New Dept. #: \_\_\_\_\_ New Dept. Name: \_\_\_\_\_

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**PAY FREQUENCY:**     Weekly     Semi-Monthly     Bi-Weekly     Monthly

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**JOB STATUS:**     Full Time     Part Time ( \_\_\_\_\_ hrs/wk)     Casual

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**PAY TYPE:**     Hourly     Salary/Non-Exempt     Salary/Exempt     Commission

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**OTHER:**     Re- Hire     Termination (*Separation form/s must be attached*)

Change Withholding Rate (*Tax forms must be attached*)

Probationary Period Complete

Leave of Absence (*Request form must be completed*)

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Print Name of Approving Authority

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Company Name

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Signature of Approving Authority

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Date