

Employee Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

**EMPLOYEE PERSONAL INFORMATION CHANGE:**

Name Change* (*updated ID's with new name required)	Old Name:	New Name:
SS# Change* (*new SS Card Required)	Old SS# Number:	New Number:
Phone # Change	Old Phone Number:	New Number:
Email Change	New Email Address:	
New Emergency Contact Person Information	New Name:	Phone Number:
	Email Address:	
New Address Change	Street Address:	
	City:	State:
	Zip Code:	

**EMPLOYEE PAY INFORMATION CHANGE:**

Overtime Status Change	From Exempt to Non-Exempt From Non-Exempt to Exempt	From 1099 to W2 From W2 to 1099	Effective Date:
Employment Type Change	Old Status: Full Time Part Time Seasonal Temporary New Status: Full Time Part Time Seasonal Temporary		Effective Date:
Rate Change	Old Rate: \$_____ Per Week Month Pay Period New Rate: \$_____ Per Week Month Pay Period		Effective Date:

**MISC. INFORMATION CHANGE:**

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Project Code (job): \_\_\_\_\_

**ACKNOWLEDGMENT:**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_