

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: Hour Pay Period Year New Rate: \$ _____ Per: Hour Pay Period Year		Effective Date:

MISC. INFORMATION CHANGE:

Department: _____ Division: _____ Project Code (job): _____

ACKNOWLEDGMENT:

Approved By: _____

Date: _____

Employee signature: _____

Date: _____