

Employee Name: _____

SSN: _____

Client Name: _____

Client Number: _____

EMPLOYEE PERSONAL INFORMATION CHANGE:

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

EMPLOYEE PAY INFORMATION CHANGE:

<input type="checkbox"/>	Overtime Status Change	<input type="checkbox"/> From Exempt to Non-Exempt <input type="checkbox"/> From Non-Exempt to Exempt	<input type="checkbox"/> From 1099 to W2 <input type="checkbox"/> From W2 to 1099	Effective Date:
<input type="checkbox"/>	Employment Type Change	Old Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> On Call New Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> On Call		Effective Date:
<input type="checkbox"/>	Rate Change	Old Rate: \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Pay Period <input type="checkbox"/> Year New Rate: \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Pay Period <input type="checkbox"/> Year		Effective Date:

MISC. INFORMATION CHANGE:

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

ACKNOWLEDGMENT:

Approved By: _____

Date: _____

Employee signature: _____

Date: _____