

Employee Name: _____

SSN: _____

Client Name: _____

Client Number: _____

Supervisor: _____

EMPLOYEE PERSONAL INFORMATION CHANGE

Name Change

Old Name: _____

New Name: _____

(provide updated documentation)

Social Security Number Change

Old SSN: _____

New SSN: _____

(provide updated documentation)

Address Change

New Street Address: _____

City: _____

State: _____

Zip code: _____

Contact Information Change

New Phone Number: _____

New Email Address: _____

EMPLOYEE PAY INFORMATION CHANGE

Exemption Status Change

Effective Date: _____

From Hourly to Salary

From Salary to Hourly

From W2 to 1099

From 1099 to W2

Status Change

Effective Date: _____

Old Status: Full-Time

Part-Time

Seasonal

Temporary

On Call

New Status: Full-Time

Part-Time

Seasonal

Temporary

On Call

Rate Change

Effective Date: _____

Old Rate: \$ _____

Per

Week

Month

Year

Pay Period

New Rate: \$ _____

Per

Week

Month

Year

Pay Period

Other

Effective Date: _____

Amount: \$ _____

Description: _____

Frequency: Weekly

Biweekly

Monthly

Semi-Annually

Annually

MISC. INFORMATION CHANGE

Department: _____

Division: _____

Job Code: _____

Approved By: _____

Date: _____