

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 New Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		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): \_\_\_\_\_

Job Title: \_\_\_\_\_

**ACKNOWLEDGMENT:**

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

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

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

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