

# Change of Employee Status

Please print clearly and provide complete and accurate information.

**SECTION 1**

**Employee Information**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Client Company: \_\_\_\_\_ Last Four SSN: XXX - XX - \_\_\_\_\_

**SECTION 2**

**Pay Rate Change**

Effective Check Date (If full pay period): \_\_\_\_\_  
 OR  Actual Effective Date of Change: \_\_\_\_\_

Pay Code \_\_\_\_\_

Old Rate \$ \_\_\_\_\_  Per Hour  Per Pay Period  Annually  
 New Rate \$ \_\_\_\_\_  Per Hour  Per Pay Period  Annually

Client Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
*(Employee Signature required only if pay decreases)*

**SECTION 3**

**Allowance Add/Change**

Effective Check Date (If full pay period): \_\_\_\_\_  
 OR  Actual Effective Date of Change: \_\_\_\_\_

Rate \$ \_\_\_\_\_  Per Pay Period  Per Month

Type of Allowance:  Car  Phone  Other \_\_\_\_\_

Client Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
*(Employee Signature required only if allowance decreases)*

**SECTION 4**

**Employee Status Change**

Effective Check Date (If full pay period): \_\_\_\_\_  
 OR  Actual Effective Date of Change: \_\_\_\_\_

Part Time to Full Time  Full Time to Part Time  
 Non-Exempt  Exempt

Old Department \_\_\_\_\_ New Department \_\_\_\_\_

**SECTION 5**

**Employee Information Change**

Name Change: From \_\_\_\_\_ to \_\_\_\_\_

Address Change: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Old County of Residence: \_\_\_\_\_ New County\* of Residence: \_\_\_\_\_

**\* If new county of residence, please submit updated State Tax form.**