



EMPLOYEE/EMPLOYER CHANGE FORM

Name: _____ Effective Date: _____

SSN: _____ - _____ - _____ Client Company: _____

EMPLOYEE CHANGE:

CHANGE(S)	FROM	TO
Name		
Marital Status (must complete new W-4 Form)		
Home Address, City, State, Zip (Area Code) Telephone Number		
Emergency Contact (Name, Relationship, Phone Number)		
Email Address		

Employee Signature

Date

EMPLOYER CHANGE:

CHANGE(S)	FROM	TO
Wage Rate (hourly rate or annual salary)		
Pay Frequency (weekly/bi-weekly/semi-monthly/monthly)		
Job Title		
Employment Categories *Full Time/Part Time/Temporary *Exempt/Non-Exempt		
Employee Transfer		

REASON FOR CHANGE:

- | | | | |
|------------------|-----------|--------------|----------------------------|
| Merit Increase | Promotion | New Hire | Length of Service Increase |
| Reclassification | Demotion | On Probation | Probation Complete |
| Termination | Transfer | Re-Hire | Other: _____ |

Supervisor's Signature

Date