

Employee Change Form

Company: _____ Social Security : _____
Employee: _____ Work Comp : _____
Today's Date: _____ Effective Date: _____

Name/Address/Phone Number Change

Current: _____ New: _____

Salary Change

Current Rate: _____ Hourly/Salary; W / BW / SM / M
New Rate: _____ Hourly/Salary; W / BW / SM / M
Reason for Change: _____ Merit / COLA / Other (Specify)

Change in Hours

Current Hours and Status: _____ Week / Pay Period / Full-time / Part-time
New Hours and Status: _____ Week / Pay Period / Full-time / Part-time

Change in Position/Department

New Position/Department: _____

Leave of Absence

Type: _____ FMLA / Personal / Military / Work Comp / Other
Beginning Date of Leave: _____
Ending Date of Leave: _____

Termination

Reason: _____ Voluntary / Involuntary / Gross Misconduct /
Progressive Discipline
Termination Date: _____

Signatures

Supervisor/Manager: _____ Date: _____
Supervisor/Manager: _____ Date: _____

Forms (please check boxes)

W-4

I-9

Direct Deposit