



EMPLOYMENT STATUS CHANGE

WORKSITE EMPLOYER _____ COMPANY CODE _____

TODAY'S DATE _____ EFFECTIVE DATE OF CHANGE _____

PLEASE COMPLETE APPLICABLE SECTION

CHANGE IN PERSONAL DATA

EMPLOYEE NAME _____

EMPLOYEE FILE # _____ SS # _____
(IF KNOWN)

NAME CHANGE _____
(ATTACH COPY OF SOCIAL SECURITY CARD SHOWING THE NAME CHANGE)

ADDRESS CHANGE _____

TELEPHONE NUMBER _____ EMPLOYEE SIGNATURE _____

STATUS CHANGE

CHANGE	FROM	TO
<input type="checkbox"/> TITLE		
<input type="checkbox"/> SALARY		
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB #		
<input type="checkbox"/> PAY TYPE	<input type="checkbox"/> HOURLY <input type="checkbox"/> EXEMPT SALARY <input type="checkbox"/> NON-EXEMPT SALARY	<input type="checkbox"/> HOURLY <input type="checkbox"/> EXEMPT SALARY <input type="checkbox"/> NON-EXEMPT SALARY
<input type="checkbox"/> STATUS	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMP <input type="checkbox"/> SEASONAL	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMP <input type="checkbox"/> SEASONAL
<input type="checkbox"/> OTHER		

REASON FOR CHANGE _____

AUTHORIZED CLIENT SIGNATURE _____ DATE _____

REMARKS _____

AUTHORIZED CLIENT SIGNATURE _____ DATE _____

FAX TO HUMAN CAPITAL: (248) 353-3829