



1070 W. 124th Ave., Ste 900 Westminster CO 80234
Phone: (303) 466-7864; Fax: (303) 466-7947

EMPLOYEE STATUS CHANGE FORM

Client Name: _____ Date: _____

Employee Name: _____ Soc Sec #: _____

Personal Information

Name Change: _____ New Phone: _____

New Address: _____

Payroll Information

Prior Rate of Pay: _____ New Rate of Pay: _____

Prior Job Description: _____ New Job Description: _____

Prior Department: _____ New Department: _____

Date the Status Change is to Take Effect:

Pay Period Status Change is to Occur: _____ (first day of pay period with the change)

Pay Date Status Change is to Occur: _____ (first check with the pay change)

Comments: _____

Supervisors Signature: _____ Date: _____