



# Employee Status Change Form

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

## Payroll Information

Date Status Change is to take Effect: \_\_\_\_\_

Prior Pay Rate: \_\_\_\_\_

New Pay Rate: \_\_\_\_\_

Reason for Pay Change (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Seniority                     | <input type="checkbox"/> Merit                          |
| <input type="checkbox"/> Geographic Location           | <input type="checkbox"/> Quantity/Quality of Production |
| <input type="checkbox"/> Education/Training/Experience | <input type="checkbox"/> Amount of Travel Required      |

Prior Job Title: \_\_\_\_\_

New Job Title: \_\_\_\_\_

Change in Portal Access:  No  Yes (Please specify in comments)

Prior Department: \_\_\_\_\_

New Department: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Information

New Address, Phone Number, or Name (a copy of new SS card required for name changes):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date