



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