

Employee Status Change

Worksite Employer: _____ Company Code: _____
 Today's date: _____ Effective Date of Change: _____

Please Complete Application Section:

Change in Personal Data	
Employee Name: _____	Benefit Class Code: _____
Employee File #: _____ (if known)	SS#: _____
Name Change: _____ (Attach copy of the social security card showing the name change)	
Address Change: _____ _____	
Telephone Number (area code): _____	
Employee Signature: _____	

Status Change		
Change	From	To
-Title		
-Salary		
-Department		
-Job #		
-Pay Type	--Non Exempt Hourly --Exempt Salary --Non Exempt Salary	--Non Exempt Hourly --Exempt Salary --Non-Exempt Salary
--Status	PT FT Regular Temp Seasonal	PT FT Regular Temp Seasonal
--Other		
Reason for Change: _____		
Authorized Client Signature: _____ Date: _____		
Job Duties (Please list major duties of new position): _____ _____		
Remarks: _____ _____		
Authorized Client Signature: _____		
Date: _____		

