



EMPLOYEE STATUS CHANGE FORM

Client Name: _____

Employee Name: _____ SSN: _____

Effective Date of Change: _____

Personal Information Change:

Change Name To: _____
(Proof of name change required)

Change Address To: _____

Department/Position Change:

____ Promotion ____ Demotion ____ Transfer Effective Date: _____

Previous Position/Department: _____

New Position/Department: _____

Pay Rate Change:

____ Promotion ____ Demotion ____ Merit Increase ____ Seniority Increase ____ Other-Explain _____

Old Pay Rate: _____ New Pay Rate: _____

Classification Change:

New Classification: ____ Temporary ____ Full-Time ____ Part-Time

Other:

Please Explain: _____

Employee's Signature: _____ Date: _____

Employee's Printed Name: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name: _____