**Employee Status Change Form**

**Date:**

**Company:**

**Employee Name:**

**Change in Rate of Pay: Change in Workers Comp Code:**

|  |  |  |
| --- | --- | --- |
| New Rate of pay: $ | Per Hour  Salary | Biweekly  Semimonthly |
|  | FT/PT | Monthly |
| **Other Changes:** |  |  |

Change of Address:

New Address

Change of Telephone:

Area Code Telephone

Change in Marital Status Single Married Other

New W-4 Federal Withholding Deductions (Attach new W-4 form)

Rehire Date if within 30 days of termination

Other (Explain in Detail)



Employee’s Signature Date



Employer’s Signature Date