

Employee Status Change Form

Date: _____

Company: _____

Employee Name: _____

Change in Rate of Pay:

Change in Workers Comp Code: _____

New Rate of pay: \$ _____

| | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Per Hour | <input type="checkbox"/> Biweekly |
| <input type="checkbox"/> Salary | <input type="checkbox"/> Semimonthly |
| <input type="checkbox"/> FT/PT | <input type="checkbox"/> 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