



EMPLOYEE/EMPLOYMENT STATUS CHANGE

EFFECTIVE DATE OF INFORMATION CHANGE: _____
mm/dd/yy

Social Security Number:	EMPLOYEE NAME – Last	First	Middle
Employee Position/Title		Client Name	

	CHANGE FROM	CHANGE TO
MARITAL STATUS Single-Married-Divorced		
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TELEPHONE NUMBER		
JOB TITLE		
PAY RATE		
DEPARTMENT NAME (Including Department Number)		
EXEMPTION STATUS Hourly – Non-Exempt – Exempt		
OTHER		

PERFORMANCE APPRAISAL		REVIEW DATE:	
Increase Amount(s)	Increase %	Per Hour Amount	Per Year Amount

COMMENTS: _____

APPROVALS:	
Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____
Payroll Signature: _____	Date: _____
HR Signature: _____	Date: _____
Executive Signature: _____	Date: _____