

# Employee Status Change



Employee Name:

Branch Location:

Supervisors Name:

Supervisors Title:

Date Effective: \_\_\_\_\_

Change Type  
New Employee  
Existing Employee  
Resignation - Voluntary  
Resignation - Involuntary

## Employee Information

	From	To
Name		
Street/Apt. #/P.O. Box		
State/City/Zip		
Phone		
Marital Status		
Family Status Change		
Direct Deposit - Y or N		
Other		

## Payroll

	From	To
Position		
Pay Rate		
Dept. #		
Other		

## Deductions

	From	To
Federal & State Withholding		
Other		

## Benefits

	From	To
Health Insurance		
Dental Insurance		
Voluntary Life		
Voluntary LTD		
Voluntary STD		
Medical Out-of-Pocket		
Dependent Care		
401(k) Contribution		
401(k) Loan		
Employer Benefit Credit		
Other		

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

By typing your name in the adjacent box, you agree that this constitutes a legal signature.

\_\_\_\_\_  
Accounting

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR / Payroll

\_\_\_\_\_  
Date