

Employee Status Change



Employee Name:

Branch Location:

Social Security Number:

Supervisors Name:

Supervisors Title:

Change Type

New Employee

Existing Employee

Resignation - Voluntary

Resignation - Involuntary

Date Effective: _____

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		

Manager Date

Accounting Date

HR/Payroll Date

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