

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