

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