



## Employee Change Form

Employee Name		Date
Last 4 Social Security Number		HR Representative
<b>Current Status</b>		
Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Position	Wage/Salary \$
Department	Manager	FLSA Status <input type="checkbox"/> Nonexempt <input type="checkbox"/> Exempt
<b>New Status (Complete Change Items Only)</b>		
New Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	New Position	
New Manager	New Department	New FLSA Status <input type="checkbox"/> Nonexempt <input type="checkbox"/> Exempt
New Shift	New Wage/Salary \$	
<b>Supplemental Compensation*</b> <input type="checkbox"/> Bonus/Incentive <input type="checkbox"/> Sign-On Bonus <input type="checkbox"/> Night Differential <input type="checkbox"/> Training Payments <input type="checkbox"/> Other _____		Amount \$
Time Commitment to Company or Repay Training Payment:		
Change Reason:		Effective Date of Change(s):

*\*Please attach proper documentation for supplemental compensation.*

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Date Processed

CC:    *Personnel File*