

Employment Status Change

Worksite Employer: _____ Company Code: _____

Today's Date: _____ Effective Date of Change: _____

PLEASE COMPLETE APPLICABLE SECTION:

Change in Personal Data

Employee Name: _____

Benefits Class Code: _____

TS File #: _____ Paygroup: _____

Name Change: _____
(attach copy of the social security card showing the name change)

Address Change: _____

Telephone Number (Area Code): (_____) _____

Employee Signature: _____

Status Change

Change	From	To
<input type="checkbox"/> Title		
<input type="checkbox"/> Department		
<input type="checkbox"/> WC Code		
<input type="checkbox"/> Benefits Class Code		
<input type="checkbox"/> Compensation		
<input type="checkbox"/> Pay Change Reason		
<input type="checkbox"/> Pay Type	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly	
<input type="checkbox"/> Employment Class		
<input type="checkbox"/> FLSA Status	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
If changing the exempt/nonexempt status, please contact your HR professional for further guidance on compliance issues.		
<input type="checkbox"/> Pay Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	

Job Duties (Please list major duties of new position): _____

Remarks: _____

Authorized Client Signature: _____ Date: _____