



Employee Change Form

Company Name: _____ Effective Date: _____
 Employee Name: _____ Social Security #: _____ - _____ - _____

PERSONAL INFORMATION CHANGE

Name Change*
 Address Change
 Phone Change
 Emergency Contact Change
**A copy of your Social Security card that shows your name change is required for IRS tax purposes.*

Name: _____ E-mail address: _____
First Last

Address: _____
Street Apt # (if any)

City & State: _____ Zip: _____ Phone: (____) ____ - ____
City State area code

Emergency Contact Person: _____ Phone: (____) ____ - ____
area code

Relationship: _____ Alt Phone: (____) ____ - ____
area code

Employee Signature: _____ Signature Date: _____

PAY / POSITION CHANGE

Promotion
 Merit Increase
 Demotion
 Temporary Upgrade
 Market Adjustment
 Other

Change Type	Previous	New
<input type="checkbox"/> Pay Rate	\$ _____ / <input type="checkbox"/> Hour / <input type="checkbox"/> Annual	\$ _____ / <input type="checkbox"/> Hour / <input type="checkbox"/> Annual
<input type="checkbox"/> Title		
<input type="checkbox"/> FLSA/Type	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly
<input type="checkbox"/> Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp _____ hrs/wk	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp _____ hrs/wk
<input type="checkbox"/> Dept. Transfer		

LEAVE OF ABSENCE

Family and Medical Leave Act (FMLA)
 Other Leave of Absence
 Expected Return Date: _____
 Return from Leave
 Actual Return Date: _____

TERMINATION

Resignation
 Discharge
 Layoff
 Other _____

Last Day Worked: _____ Eligible for Rehire: Yes No
 Final Paycheck: Hold Mail

Include in Final Pay: Accrued PTB/Vacation
 Other
 Deductions: _____

(Attach authorization form with employee's signature)

Comments (Please state any special instructions regarding vacation days, bonus, etc.)

	PLEASE RETURN FORM TO: HRNOVATIONS FAX: (425) 451-3055 E-mail: Forms@hrnovations.com
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Approval Signature: _____ Title: _____ Date: _____

OFFICIAL USE ONLY: Payroll _____ Date	Benefits _____ Date	EE ID: _____
REVIEW ONLY: Payroll _____ Date	Benefits _____ Date	Consultant _____ Date
REMARKS: S125A _____ Date	COBRA _____ Date	