



## EMPLOYEE/EMPLOYMENT STATUS CHANGE

**EFFECTIVE DATE OF INFORMATION CHANGE:** \_\_\_\_\_  
mm/dd/yy

<b>Social Security Number:</b>	<b>EMPLOYEE NAME – Last</b>	<b>First</b>	<b>Middle</b>
<b>Employee Position/Title</b>		<b>Client Name</b>	

	CHANGE FROM	CHANGE TO
<b>MARITAL STATUS</b> Single-Married-Divorced		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY, STATE, ZIP</b>		
<b>TELEPHONE NUMBER</b>		
<b>JOB TITLE</b>		
<b>PAY RATE</b>		
<b>DEPARTMENT NAME</b> (Including Department Number)		
<b>EXEMPTION STATUS</b> Hourly – Non-Exempt – Exempt		
<b>OTHER</b>		

PERFORMANCE APPRAISAL		REVIEW DATE:	
Increase Amount(s)	Increase %	Per Hour Amount	Per Year Amount

**COMMENTS:** \_\_\_\_\_

<b>APPROVALS:</b>	
Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____
Payroll Signature: _____	Date: _____
HR Signature: _____	Date: _____
Executive Signature: _____	Date: _____