

Staffing & Payroll Alternative, Inc.

EMPLOYEE CHANGE OF STATUS NOTICE

Employee Name _____ Social Security Number _____

Job Title _____ Effective Date of Change _____

Client Name _____ Client Number _____

PERSONAL INFORMATION CHANGE

Name From _____ To _____
(A new social security card must be attached.)

New Address _____
New Phone Number _____
New County _____

New Marital Status _____ Single _____ Married (New W-4 form must be attached)

Social Security Number From _____ To _____
(A new social security card must be attached.)

JOB DESCRIPTION CHANGE/TRANSFER

New Department _____ New Location _____

New Check Destination Address _____
New Work-Site County _____ City _____ State _____ Zip _____

Job Title Change _____ W/Comp Code _____

Exempt or Non Exempt (All exempt employees must complete & attach a copy of the FLSA Test for Exemption Form.)

PAY RATE CHANGE/CLASSIFICATION

	From	To
<input type="checkbox"/> Pay Rate Increase	_____	_____
<input type="checkbox"/> Full-Time / Part-Time / Temp	_____	_____
<input type="checkbox"/> Pay Reduction	_____	_____

Employee Signature _____
(Employee Signature Required for Pay Reduction)

On-Site Supervisor Signature _____

TO BE COMPLETED BY PAYROLL SERVICES

Entered by _____ Date Entered _____

Records _____ Date Entered _____

Copy to Acctg. and FBG for SS Number Change _____ Date Forwarded _____