



**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

Pay Rate Increase \_\_\_\_\_  
 Full-Time / Part-Time / Temp \_\_\_\_\_  
 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 \_\_\_\_\_