



EMPLOYEE STATUS CHANGE FORM

Client Name: _____ Effective Date of Change: _____

Employee Name: _____ Social Security #: _____-____-_____

Address Change

New Address: _____ New Phone#: _____

Name Change (Please attach completed section 3 of the I9 form)

New Name: _____ Old Name: _____

Pay Rate Change

Old Rate: \$ _____ New Rate: \$ _____ Per Hour Salary Per Pay Period
Note: If this is a decrease in pay, the employee must sign.

Employee Signature _____ Date: _____

Position, Department and or FT/PT Status

New Position: _____ New Department: _____

New Status: **Full Time** **Part Time**

Termination or Status Change

<input type="checkbox"/> Work Standards	<input type="checkbox"/> Death	<input type="checkbox"/> Discharge	<input type="checkbox"/> Tardiness / Absence Problem
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Invalid SS#	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Job Abandonment
<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Relocated	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Transportation	<input type="checkbox"/> Laid Off	<input type="checkbox"/> Schedule Conflict	<input type="checkbox"/> Client Service Termination

If employee voluntarily quit please explain why: _____

Supervisor's Signature _____ Date: _____

For Internal Use Only (Integrity Outsourcing)
 Change completed in payroll system by:
 Initials: _____ Date: _____