



## 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**

\*\* Please submit all documentation supporting the termination (letter of resignation, write-up etc.)

Not eligible for rehire

<input type="checkbox"/> Work Standards	<input type="checkbox"/> Death	<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Tardiness / Absence Problem
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Other	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Job Abandonment
<input type="checkbox"/> Unauthorized to Work	<input type="checkbox"/> Relocated	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Took another job	<input type="checkbox"/> Laid Off	<input type="checkbox"/> Transfer	<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: \_\_\_\_\_