

Reason for Submittal:

Effective Date: ___/___/___

- Change Rate
- Change Position
- Other Personal Changes

Client Name: _____

Employee Name: _____ **Social Security Number:** ___-___-___

Rate Change

Salary From: \$ _____ To: \$ _____

Hourly From: \$ _____ To: \$ _____

Reason: Promotion Performance Annual Raise
Other: _____

Job Status Change

- Full Time to Part Time
- Part Time to Full Time If Part Time, Number of Hours Per Week: _____ hours
- Regular to Temporary
- Temporary to Regular

Workers' Compensation Classification

Transfer From:

Job Title: _____ Department: _____ Code: _____

Transfer To:

Job Title: _____ Department: _____ Code: _____

Other Personal Changes

New Name: _____
Last First Middle

New Address: _____ State: ___ Zip: _____ Phone: _____

New Emergency Contact Name: _____

Relationship: _____ Cellphone: _____ Work Phone: _____

Employee Signature: _____ **Date:** _____
only required for "Other Personal Changes"

Client Authorized Signature: _____ **Date:** _____