

Employer: \_\_\_\_\_ Company Code: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

**PLEASE COMPLETE APPLICABLE SECTION:**

**Change in Personal Data**

Employee Name: \_\_\_\_\_

Benefits Class Code: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_ Paygroup: \_\_\_\_\_

Name Change: \_\_\_\_\_  
*(attach copy of the social security card showing the name change)*

Address Change: \_\_\_\_\_

Telephone Number (Area Code): (\_\_\_\_\_) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Status Change**

Change	From	To
<input type="checkbox"/> Title		
<input type="checkbox"/> Department		
<input type="checkbox"/> WC Code		
<input type="checkbox"/> Benefits Class Code		
<input type="checkbox"/> Compensation		
<input type="checkbox"/> Pay Change Reason		
<input type="checkbox"/> Pay Type	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly	
<input type="checkbox"/> Employment Class		
<input type="checkbox"/> FLSA Status	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
<i>If changing the exempt/nonexempt status, please contact your HR professional for further guidance on compliance issues.</i>		
<input type="checkbox"/> Pay Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	

Job Duties (Please list major duties of new position): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_