

## Employee Change Form

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Last First Mi

**This form is to be used for changes only**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Pay Rate Information**

Current Pay Rate: \_\_\_\_\_  Hour  Pay Period  
 New Pay Rate: \_\_\_\_\_  Hour  Pay Period

**Position Information**

Current Position Title: \_\_\_\_\_  Nonexempt  Exempt  
 New Position Title: \_\_\_\_\_  Nonexempt  Exempt

**Job Status**

Full-Time  Part-Time \_\_\_\_\_  Temporary

**Deductions**

Deduction Name	Current Ded. Amt.	New Ded. Amt.	Frequency

**Termination/Separation**

Last Day Worked: \_\_\_\_\_  Inactive (resignation)  Terminated (Discharged)  Layoff  Leave

**Comments:**

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

**Signatures:**

Prepared by \_\_\_\_\_ Date \_\_\_\_\_ Approval \_\_\_\_\_ Date \_\_\_\_\_