



EMPLOYEE STATUS CHANGE

Employee: _____ Client: _____

Address Change			
	Street		
	City	State	Zip
	E-mail: _____	Telephone: _____	

Name Change		
	From	To

* Name changes must be accompanied by documentation

Job/Rate Change	From	To	Effective Date
Pay Rate			
Position			
Supervisor			
Location			
F/T or P/T Hours			
Department			

* Reduction in hours or pay requires a new employment agreement

Reason for Change

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Demotion | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Raise | <input type="checkbox"/> Hours | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Certification | <input type="checkbox"/> Merit Increase (Must be accompanied by evaluation) | |
| <input type="checkbox"/> Other (specify reason) | | |

Employee Signature: _____ DATE _____

(Please E-mail to: talva@eesipeo.com or Fax: 210-495-1244)

Authorized by: _____ DATE _____