



**EMPLOYEE STATUS CHANGE**

Employee: \_\_\_\_\_ Client: \_\_\_\_\_

<b>Address Change</b>			
	Street		
	City	State	Zip
E-mail: _____		Telephone: _____	

<b>Name Change</b>		
	From	To

\* Name changes must be accompanied by a copy of employee's Social Security Card.

<b>Job/Rate Change</b> *Please complete entire section	
Effective Date: _____ (Recommend: First day of pay cycle)	
Employee Job Title: _____ Location: _____	
Department: _____	
Pay Status: ___ Exempt ___ Nonexempt	
Pay Type: ___ Hourly ___ Salary ___ Commission	
Pay Rate \$ _____ per ___ Hour ___ Week ___ Bi-weekly ___ Semi-monthly ___ Monthly ___ Yearly	
Please complete the above pay rate line based on the below compensation type:	
<i>Hourly</i> →	<i>Hourly Pay Rate per Hour</i>
<i>Salary</i> →	<i>Salary Rate per Pay Period</i>
<i>100% Commission</i> →	<i>Zero Dollars per Pay Period</i>
Standard Hours per Pay Period (example: 40, 80, 86.67, 173.33): _____	
Employment Type: ___ Full-time ___ Part-time ___ Temporary ___ Seasonal ___ On-Call/PRN	
Direct Supervisor: _____	

**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 (May be accompanied by evaluation) |                                   |
| <input type="checkbox"/> Other (specify reason) |  |                                   |

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

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

(Please E-mail to your payroll specialist or Fax: 210-495-1244)

Authorized by: \_\_\_\_\_ DATE \_\_\_\_\_