



EMPLOYEE CHANGE FORM

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
 Client Name: _____ Date: _____
 Telephone: _____

EMPLOYMENT CHANGES

New Hire: Job Title: _____ Division: _____
 Temporary: Start Date: _____ End Date: _____ Salary: _____
 Rehire: Job Title: _____ Division: _____
 Replacement: Start Date: _____ End Date: _____ Salary: _____

CLASSIFICATION CHANGES

Change	Old Information	New Information
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Location: <input type="checkbox"/>	Location:	Location:
Salary: <input type="checkbox"/>	Salary:	Salary:
Status to:	<input type="checkbox"/> 30-40 hours	<input type="checkbox"/> 20-29 hours
		<input type="checkbox"/> < 20 hours

Change of Address to:

Change of Phone Number to:

Other Changes:

VERIFICATION OF CHANGES

Approved By: _____

Signature _____

Date _____