

## EMPLOYEE CHANGE FORM

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

### New Hire

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Hire Date \_\_\_\_\_ Title \_\_\_\_\_ Dept \_\_\_\_\_

Manager \_\_\_\_\_

Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Regular \_\_\_\_\_ Temporary \_\_\_\_\_ *(Estimated Length of Employment)* \_\_\_\_\_

### Change of Personal Data (Please see Katie for W-4 Form)

New Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Transfer/Promotion (Please attach new goals)

Current Department: \_\_\_\_\_ Title: \_\_\_\_\_

New Department: \_\_\_\_\_ Title: \_\_\_\_\_

### Termination (Please attach resignation letter)

Date of Term: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

### Salary Adjustment (Please attach performance review)

From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

% Increase \_\_\_\_\_

Reason for Adjustment \_\_\_\_\_

### Leave/Long/Short Term Disability/Worker's Compensation (Please attach FMLA Request Form)

Type of Leave: \_\_\_\_\_

Beginning \_\_\_\_\_ Returning \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### Approval

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_