

Employee Change Form

New Hire: Date of Hire _____ Data Change: Effective Date _____

Employee Name _____	SSN _____	DOB _____
Address _____		City _____
State _____	Zip Code _____	Telephone _____
Cell Phone _____	Email _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Pay Rate Information

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Position _____	Pay Rate Effective Date _____
<input type="checkbox"/> Non-Exempt, Hourly	<input type="checkbox"/> Exempt, Salaried (\$455>)	<input type="checkbox"/> Non-Exempt, Salaried (Not An Option At This Time)	
<input type="checkbox"/> Salary wage: _____ annually		_____ monthly	
<input type="checkbox"/> Hourly wage: _____ per hour		Reason for change: _____ Annual Review _____ Other: _____	
Work Hours: (Circle or list schedule details)			
M-F 8:30-4:30 (1/2 hour lunch)		HP Shift: _____	Other: _____

Termination Information

Date of Termination: _____	Reason: _____
Eligible for Rehire? Yes No	No. of Vacation Days to be Paid _____

Employee Signature

Supervisor Signature

Executive Director Signature

Date

Date

Date