

EMPLOYEE STATUS CHANGE

Client Name: _____ Date: _____

Employee Name: _____

Department: _____ Position: _____

PERSONAL DATA _____

ITEM TO CHANGE	FROM	TO
<input type="checkbox"/> Name:		
<input type="checkbox"/> SS#:		
<input type="checkbox"/> Address:		
<input type="checkbox"/> Telephone #:		
<input type="checkbox"/> Other:		

I authorize Advanced HR to change the above listed items.

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYEE STATUS _____

ITEM TO CHANGE	FROM	TO	EFFECTIVE DATE
<input type="checkbox"/> Title			
<input type="checkbox"/> Department			
<input type="checkbox"/> Job Number			
<input type="checkbox"/> Wage			
<input type="checkbox"/> Pay Type	<input type="checkbox"/> Non-exempt Hourly <input type="checkbox"/> Non-exempt Salary <input type="checkbox"/> Exempt Salary	<input type="checkbox"/> Non-exempt Hourly <input type="checkbox"/> Non-exempt Salary <input type="checkbox"/> Exempt Salary	
<input type="checkbox"/> Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	
<input type="checkbox"/> Benefit Class			
<input type="checkbox"/> Other			

SPECIAL INSTRUCTIONS: _____

I authorize Advanced HR to change the above listed items.

EMPLOYEE SIGNATURE: _____ DATE: _____

AUTHORIZED CLIENT SIGNATURE: _____ DATE: _____