



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	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"/>	
<input type="checkbox"/> Status	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"/>	
<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** _____