

EMPLOYEE STATUS CHANGE FORM

PERSONAL INFORMATION – PLEASE PRINT

Employee Name: _____ SS#: _____

Client Name: _____ Eff. Date: _____

CHANGE OF STATUS INFORMATION – CHECK AND COMPLETE THE SECTION(S) THAT APPLY

NAME CHANGE – YOU MUST PROVIDE A COPY OF YOUR SOCIAL SECURITY CARD AND/OR MARRIAGE LICENSE OR DIVORCE DECREE

New First Name: _____

New Last Name: _____

ADDRESS / PHONE CHANGE

New Phone Number: _____ Type: _____
Cell, Home, etc.

New Address: _____
Street Address

City / State / Zip

ADD OR CHANGE DEDUCTION AMOUNT(S)

<u>DEDUCTION TYPE</u>	
____ Advance	____ Employee Loan
____ Acct Rec.	____ Employee Purchase
____ Damages	____ Uniform
____ Other	

Amount
Per Pay Period

\$ _____

Total Deduction
(if applicable)

\$ _____

NOTE: MEDICAL DEDUCTIONS, DIRECT DEPOSITS, FRIEND OF THE COURT, AND GARNISHMENTS CANNOT BE ENTERED ON THIS FORM

I authorize the elections made on this form and the payments, if applicable, required for those elections. I certify that the information indicated on this Employee Status Change Form is complete and accurate to the best of my knowledge and I will provide any necessary documentation to verify the change in status.

Employee Signature

Date

Client Signature

Date