

Unique Change of Employee Status

Phone: 361.852.6392 or 800.824.8367 Fax: 361. 851.2931

Client Name: _____ Date: _____

Employee Name: _____ SSN: _____

Please select the reason for the change from the list below:

_____ Promotion from _____ to _____

New Workers' Comp Code if Applicable: _____

_____ Pay Increase/Decrease

Current Pay of \$ _____ to \$ _____ Effective Date: _____

_____ New Hire Pay Rate: \$ _____ Workers' Comp Code: _____

_____ Rehire Beginning Date: _____ Pay Rate: \$ _____

NOTE: When an Employee is a rehire, please submit this Change of Employee Status form and a new W-4 Form.

_____ Merit Raise Increase to: \$ _____

_____ Position Pay Rate Change From: \$ _____ to \$ _____

_____ Temporary Lay-Off Approximate Rehire Date: _____

_____ Permanent Lay-Off Beginning Date: _____

_____ Medical Leave Duration of Time from: _____ to _____

_____ Military Leave Duration of Time from: _____ to _____

_____ Resigned with Notice (Please Send Written Statement From Employee)

Effective Date of Resignation: _____

_____ Quit without Notice (Please Provide Written Statement From Supervisor)

Effective Date of Resignation: _____

_____ Terminated by Employer (Please Provide Written Statement Explaining Termination)

Effective Date of Termination: _____

Is Employee Eligible for Rehire? Yes _____ No _____

If No, Please Give Reason: _____

Additional comments: _____

Supervisor Signature

Date

Employee Signature

Date