



Change of Employee Status

Fax to UniqueHR Human Resources at 1-866-606-7779

Client Name: _____ Effective Date: _____

Employee Name: _____ SS Number: _____

Rate of Pay Change (check reason): From \$ _____ to \$ _____

Promotion Transfer
 Demotion Shift Differential
 Merit Other

Retro Pay due (?) \$ _____

Job Title Change (check reason): From _____ to _____

Promotion Transfer
 Demotion Other

Workers Comp Code Change: From _____ to _____

Location/Department Change: From _____ to _____

Status Change (FT, PT, temporary, on-call): From _____ to _____

FLSA Status Change (exempt or non-exempt): From _____ to _____

Rehire (must submit New Hire paperwork if break in service is more than 30 days):
Reinstatement date _____

Leave of Absence (check type): Begin date _____ Return Date _____

FMLA Personal
 Military Other

Personal Information Change (check reason):

Address Change Emergency Contact Change
 Name Change (attach copy of new SS card) Marital Status Change
 Phone Number Change Other

From _____ To _____

Other Changes/Comments: _____

Supervisor's Signature Date Employee Signature Date