

**EMPLOYEE STATUS CHANGE**

**Employee Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
(Last), (First) (MI)

**Employer:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Type of Change:**

- Pay Rate Change     Status Change     Job / Department Change
- Exempt                 Non-Exempt     Hourly     Salaried

**PAY RATE CHANGE:**

**From:** \_\_\_\_\_ per:  Hour  Pay Period    **To:** \_\_\_\_\_ per:  Hour  Pay Period

**WORK STATUS CHANGE:**

- Full Time to Part Time     Part Time to Full Time     on Call

**Department Change:**

Current Department \_\_\_\_\_ to New Department \_\_\_\_\_

Change of Manager reporting to: \_\_\_\_\_

Workers' Compensation Code Change From: \_\_\_\_\_ to: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason / Notes:**


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 **FOR ELITE PAYROLL SOLUTIONS USE ONLY:**

Date Form Received: \_\_\_\_\_ Form Received By: \_\_\_\_\_

Date Form Processed: \_\_\_\_\_ Form Processed By: \_\_\_\_\_