

# Employee Change



Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Name Change \_\_\_\_\_

Address Change \_\_\_\_\_

New Email Address \_\_\_\_\_

New Phone # \_\_\_\_\_

PAY Change				
Eff. on Check Dated: _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Commission	<input type="checkbox"/> Salary with Overtime	<input type="checkbox"/> Salary NO Overtime
Rate From: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Pay Period	<input type="checkbox"/> Annual Salary	
Rate To: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Pay Period	<input type="checkbox"/> Annual Salary	
<input type="checkbox"/> Retro: \$ _____ <small>(Please enter \$ amount employee is to be paid)</small>				

POSITION / DIVISION Change	
Effective Date: _____	
From: _____	To: _____

WORK STATUS Change	
Effective Date: _____	
Change from: <input type="checkbox"/> Active to Terminated	<input type="checkbox"/> Full Time to Part Time
	<input type="checkbox"/> Part Time to Full Time

W4 Change	
W4 Filing Status: <input type="checkbox"/> Single	<input type="checkbox"/> Married
	<input type="checkbox"/> Married but withhold at a higher single rate
Allowances: _____	Additional Amount: _____
State Filing Status: <input type="checkbox"/> Single	<input type="checkbox"/> Married
	<input type="checkbox"/> Other _____
Allowances: _____	Additional Amount: _____

TIME OFF ACCRUAL Change	
Change Sick Plan From: _____	To: _____
Change Vacation Plan From: _____	To: _____
Change PTO Plan From: _____	To: _____

\*\* Time Off Accrual Plan must be set up in Evolution, see your Time Off Register for list of plans

DEDUCTION Change					
Name / Code	Change From \$	Change To \$	Start on Check Dated	End on Check Dated	Select One
					<input type="checkbox"/> Permanent <input type="checkbox"/> One Time
					<input type="checkbox"/> Permanent <input type="checkbox"/> One Time
					<input type="checkbox"/> Permanent <input type="checkbox"/> One Time
					<input type="checkbox"/> Permanent <input type="checkbox"/> One Time
					<input type="checkbox"/> Permanent <input type="checkbox"/> One Time
					<input type="checkbox"/> Permanent <input type="checkbox"/> One Time

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_