

ENTERPRISE HR

AND AFFILIATES

EMPLOYEE INFORMATION CHANGE FORM

Employee Name: _____
(Last) (First) (Middle Int.)

Social Security #: _____ - _____ - _____ Company Name: _____

PAY RATE CHANGE:

Old Rate: \$ _____ (check one): _____ Hourly _____ Salary

New Rate: \$ _____ (check one): _____ Hourly _____ Salary

EMPLOYEE STATUS CHANGE:

Workers' Compensation Code: From: _____ To: _____

Job Status: _____ Full time to Part time **OR** _____ Part time to Full time

Leave of Absence: Starting: _____ Ending: _____

EMPLOYEE DATA CHANGE:

Marital Status changed to: _____ Single _____ Married _____ Separated _____ Divorced

Name Change: "New" Name _____
Please include any relevant court documentation

Address Change: New Address: _____
Street

City Zip

EMPLOYEE SIGNATURE: _____ DATE: _____

CLIENT SIGNATURE: _____ DATE: _____