

Date of Change/Effective Date:

EMPLOYEE CHANGE FORM

Employee Full Name:

PLEASE SEND COMPLETED FORMS TO HUMAN RESOURCES PRIOR TO SCHEDULED PROCESSING DATE. PLEASE TYPE ALL INFORMATION.

Submitted by:			Select Reason for Change:		
Other (please	specify):				
TE Change: to ob Classification:		,	Supervisor Change: (Enter Name)		
Rate Chang	ge - Please specify f	rom \$	to\$	Please select reason:	
Title Chang	ge:			Hours per pay period:	
GL Accoun	nt Number:			-	
Scheduled Hours Change:		Enter Worker Category (FT, PT, Temp, etc.):			
Comments	Other Changes:				
HR ONLY					
PTO Policy Change					
Enter new PTO policy(s):					
Benefit Eligibility Change:					
Time and Attendance Change:					
New Pay Class:					
Visa Status Change (enter type of Visa): Visa status change may have tax implications based on visa type					
Comments/Other Changes:					
	. 11 10:				
_	t Head Signature:				
HR Signatu	nance Signature:				
_	ead Signature:				
President Signature:					
	All template forms must be uploaded to ShareFile —				

• EE Changes — New Hires — Terms — This folder is where you upload all documents

Managed Payroll Solutions **CANNOT ACCEPT** employee forms via email due to Privacy

• Template Employee Forms —This folder is where your forms are located

Regulation Laws.