



EMPLOYEE DATA CHANGE FORM

Employee Name: _____ Employee #: _____

Client Name: _____ Client #: _____

Employee SSN: _____ - _____ - _____

Payroll Status Change

Check changes to be made:

- New Address New Phone Pay Rate Federal W/H *(Please submit W-4 Form)*
- State W/H *(Please submit State Withholding Form)* Benefits Credit Union
- Miscellaneous Insurance Employee Loan Termination *(Please provide reason)* Other

Description of Change(s) and Effective Date(s): _____

Details: _____

Supervisor Signature: _____ Employee Signature: _____

Employee Separation (Voluntary or Involuntary)

Check reason for separation:

- Lack of Work Discharge Resignation Labor Dispute Leave of Absence Working Part-time

Explain in Detail: _____

If "Discharge", were warning notices given? Yes No If Yes, how many?

Was the Employee paid any Severance Pay? Yes No If Yes, how much?

Would you Re-hire this Employee? Yes No

Supervisor Signature: _____ Date: _____