



STATUS CHANGE FORM

COMPANY NAME _____

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

EFFECTIVE DATE OF CHANGE _____

Employee Name Change

Please obtain a new W-4 Form and a new I-9 form from employee with required documentation verification.

	From	To
Name	_____	_____

New Mailing Address or Phone Number

Address	_____		
Address	_____		
City	_____	State	_____ Zip _____
Home Phone	_____	Alternate Phone	_____

Miscellaneous Changes

Change	From	To
Rate of Pay	\$ _____ Per _____	\$ _____ Per _____
Status FT/PT	_____	_____
Job Title	_____	_____
Department	_____	_____
Other	_____	_____

Reason for Change

<input type="checkbox"/> Promotion	<input type="checkbox"/> Merit	<input type="checkbox"/> Rehire
<input type="checkbox"/> Demotion	<input type="checkbox"/> Probation Period	<input type="checkbox"/> Length of Service
<input type="checkbox"/> Transfer Positions	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Other : _____

Rehire

You can only use this rehire form if the employee has been termed from Fourth HR for less than 60 days. Please obtain a new W-4 from the employee. If employee has been termed longer than 60 days, please obtain a complete New Hire Booklet.

Rehire Date	_____ / _____ / _____	Department	_____
Rate of Pay	\$ _____ Per _____	Job Title	_____

AUTHORIZED REPRESENTATIVE SIGNATURE _____ **DATE** _____