

Instructions: This form is to be used for all changes in an employee's status. All information must be provided, except as noted.

Employer: _____

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

Employee Name: _____

New Address/Telephone Number (To be completed for change of address and/or telephone number only.):

Street

Apt./Unit No.

City

State

Zip

Tel. No.

Type of Change

From

To

Name _____

Department _____

Job Title _____

Salary _____

Withholding Status (W-4) _____

State Withholding Status _____

Location _____

Other _____

Reason For Change: Merit Increase Promotion Transfer Lateral

Other (Explain): _____ Next scheduled salary review: _____

Comments: _____

Signatures

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Human Resources: _____

Date: _____