



**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: \_\_\_\_\_