

## EMPLOYEE DATA CHANGE FORM

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Client Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### SECTION 1: Change of Name, Address, or Phone Number

Old Information: \_\_\_\_\_ New Information: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SECTION 2: Change of Pay Rate, Pay Type or Department

Old Information:  Full-Time  Part-Time foNew Information:  Full-Time  Part-Time

Pay Rate: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Pay Type: \_\_\_\_\_ Pay Type: \_\_\_\_\_

Department: \_\_\_\_\_ Department: \_\_\_\_\_

Workers' Comp Code: \_\_\_\_\_ Workers' Comp Code: \_\_\_\_\_

### SECTION 3: Notice of Termination

Term Effective Date: \_\_\_\_\_ Original Hire Date: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Submitted by:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Processed by:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_