HROi

EMPLOYEE STATUS CHANGE FORM

Client Name	Client Number

Employee Name	Employee ID Number	Date of Hire
Title	Supervisor	Department

EMPLOYEE CHANGE

	Current	New	Effective Date
Position/Title			
Department			
Pay Grade	Non-Exempt Hourly Non-Exempt Salary Exempt Salary	Non-Exempt Hourly Non-Exempt Salary Exempt Salary	
Pay Rate (per pay period)	Hourly Rate Salary Rate	Hourly Rate Salary Rate	
Work Status	Full Time Part Time Seasonal Casual	Full Time Part Time Seasonal Casual	
Location			
Workers Compensation Code			
Check Sort			

OTHER CHANGES

	Current	New	Effective Date
Name (additional paperwork required)			
SSN (additional paperwork required)			
Address			
Phone			
Other:_____			
Leave of Absence (Provide return to work date)	Leave date: Reason:	Return to work date:	

I authorize HROI to change the above listed items.

AUTHORIZED CLIENT SIGNATURE: _____   Date: _____