



Email to: receptionist@myhrpros.com or Fax to: (844) 224-0294

Employee Payroll/Status Change Form

Employee Name

Employee Social Security Number

Client Company Name

Effective Date of Change

Please Show the CHANGED Information Below:

Rate/Status Change:

1. New Rate of Pay: From: _____	Hourly	Salary	Annually	Commissions
To: _____	Hourly	Salary	Annually	Commissions
2. New Work Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary				
<input type="checkbox"/> On-Call <input type="checkbox"/> Seasonal				

Position/Location/Department Change:

1. New Position: _____
2. New Worksite Location: _____
3. New Division: _____
4. New Department: _____
5. New Work Group: _____
<i>Note: If changing Worksite States please submit a new State W-4 Form</i>

Additional Comments/Other Change(s):

Manager/Supervisor Signature

Title

Date