



Email to: [receptionist@myhrpros.com](mailto: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:  Full-Time  Part-Time  Temporary  
 On-Call  Seasonal

Internal Use Only:  
PTO Register Updated Date: \_\_\_\_\_  
Processor's Name: \_\_\_\_\_

Position/Location/Department Change:

1. New Position: \_\_\_\_\_
2. New Worksite Location: \_\_\_\_\_
3. New Division: \_\_\_\_\_
4. New Department: \_\_\_\_\_
5. New Work Group: \_\_\_\_\_

*Note: If changing Worksite States please submit a new State W-4 Form*

Additional Comments/Other Change(s):

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date