



MY HR PROS

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: 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