

Change of Employment Status

Business: _____ Effective Date: _____

Employee: _____

TO ADD TO PAYROLL	
Address	
Phone	SSN
Department	Position
Wage Rate	Marital Status
No of Dependents	
<input type="checkbox"/> Addition <input type="checkbox"/> Replacement <input type="checkbox"/> Rehire <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Important	
The following MUST be faxed to People First BEFORE any hours are worked: <ol style="list-style-type: none"> 1. Change of Employment Status Form 2. W-4 Form 3. I-9 Form 	
Worker's Comp. Insurance will be effective by time/date stamp on received fax.	

CHANGE IN PAYROLL	
<input type="checkbox"/> Pay Rate <input type="checkbox"/> Transfer <input type="checkbox"/> Promotion <input type="checkbox"/> Other	
FROM	TO
Present Department	New Department
Present Position	New Position
Present Pay Rate	New Pay Rate
Reason	

REMOVE FROM PAYROLL		
<input type="checkbox"/> Resigned <input type="checkbox"/> Death <input type="checkbox"/> Retirement	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Discharged <input type="checkbox"/> Vacation	<input type="checkbox"/> Illness <input type="checkbox"/> Layoff <input type="checkbox"/> Other
Expected Return Date		
REASON FOR RESIGNATION/TERMINATION		
<input type="checkbox"/> Voluntary <input type="checkbox"/> Accepted other employment <input type="checkbox"/> No Call/No Show <input type="checkbox"/> Working Conditions <input type="checkbox"/> Moved <input type="checkbox"/> Returned to School <input type="checkbox"/> Medical Reason <input type="checkbox"/> Personal Reason <input type="checkbox"/> Other	<input type="checkbox"/> Involuntary <input type="checkbox"/> Released under 90-day Probationary Period <input type="checkbox"/> Misconduct - Theft <input type="checkbox"/> Misconduct - Fighting <input type="checkbox"/> Misconduct - Other * <input type="checkbox"/> Management Conflict <input type="checkbox"/> Other	
Reason (MUST be completed for any type of termination)		
Eligible for Rehire? ____ Yes ____ No		

INFORMATION CHANGE	
<input type="checkbox"/> Transfer <input type="checkbox"/> Marital Status <input type="checkbox"/> Residence	
FROM	TO
Present Department	New Department
Present Position	New Position
Present Address	New Address
Present Phone	New Phone
Remarks	

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Human Resources Representative: _____

Date: _____