

Please return to
IDEAL HR within
24 hrs

Employee Change Form

EFFECTIVE DATE: _____

Status/ Wage / Address

<p style="text-align: center;">Employee Information</p> <p>Client Company _____ Last Name _____ First Name _____ Middle _____</p> <p style="text-align: center;">Address Change</p> <p>Address: _____ City: _____ State: _____ Zip code _____</p> <p>Phone: _____ Email: _____</p>	<p style="text-align: center;">Status/Wage Change (Check those that apply)</p> <p> <input type="radio"/> Hourly <input type="radio"/> Salaried <input type="radio"/> Non-Exempt <input type="radio"/> Exempt <input type="radio"/> Full-time <input type="radio"/> Part-time </p> <p>Average hours per day _____ per week _____</p> <p>Wage Amount: From _____ To _____ <input type="radio"/> Per hour <input type="radio"/> Pay Period</p> <p>Reason for wage increase: _____</p> <p>Who will Manage the employee? _____</p> <p>Who will the employee manage? _____</p>
<p style="text-align: center;">Leave of Absence</p> <p>Type of Leave: <input type="radio"/> FMLA <input type="radio"/> Personal/Discretionary <input type="radio"/> Jury Duty <input type="radio"/> Other </p> <p>Start Date: _____ Return Date: _____</p> <p>Requires a medical release to return: ___Yes ___No</p> <p>Reason for Leave: _____ _____</p>	<p style="text-align: center;">Does this change effect:</p> <p>Will continue to earn Accruals ___Yes ___No Will continue to receive Vacation ___Yes ___No</p> <p>Does the employee have Health or Supplemental Insurance? ___Yes ___No</p> <p>If Yes, How will the premiums be paid while the employee is on leave? _____ _____ _____</p> <p style="text-align: center;">Please contact our Benefits Department for any questions or concerns (864)286-9009</p>

I have authorized the above changes to be made as of the effective date listed above.

Signature of the Person Completing

Date

Signature - Additional Authorization

Date