



## EMPLOYEE STATUS CHANGE

Employee: \_\_\_\_\_ Client: \_\_\_\_\_

<b>Address Change</b>			
	Street		
	City	State	Zip
E-mail:		Telephone:	

<b>Name Change</b>		
	From	To

\* Name changes must be accompanied by documentation

Job/Rate Change	From	To	Effective Date
Pay Rate			
Position			
Supervisor			
Location			
F/T or P/T Hours			
Department			

\* Reduction in hours or pay requires a new employment agreement

### Reason for Change

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Promotion              | <input type="checkbox"/> Demotion   | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Raise                  | <input type="checkbox"/> Hours  | <input type="checkbox"/> Divorce  |
| <input type="checkbox"/> Certification          | <input type="checkbox"/> Merit Increase (Must be accompanied by evaluation) |                                   |
| <input type="checkbox"/> Other (specify reason) |   |                                   |

\_\_\_\_\_  
 \_\_\_\_\_

Employee Signature: \_\_\_\_\_ DATE \_\_\_\_\_

(Please E-mail to: payroll@eesipeo.com or Fax: 210-495-1244)

Authorized by: \_\_\_\_\_ DATE \_\_\_\_\_