

## NOTICE OF EMPLOYEE CHANGE

Client Name:

Current Employee Information			
Employee Name			
Name Job Title		Employee Number	
Department		SSN #	
Personal Information		From	To
Employee Name			
Address			
City , State, Zip			
Phone Number			
Marital Status			
Job Position Information		From	To
Job Title			
Department			
Supervisor / Manager			
Salary	\$ Per 0 Hour 0 Month	\$	Per 0 Hour 0 Month
Effective Date			
Reason Code	Promotion 0	Reclassification 0	Transfer 0
	Demotion 0	Adjustment 0	Merit 0
Review Date	Current	Next	
FLSA Status	NonExempt 0		Exempt 0
Employee Status			
Change in Status	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Lay Off		
	<input type="checkbox"/> Return to Work <input type="checkbox"/> Termination		
Effective Date	<input type="checkbox"/>		
Reason for Change			
Approvals			
Supervisor	Human Resources		
Manager	President		