

# Employee Change Notice

Today's Date: \_\_\_\_\_ Social Security (last four#): \_\_\_\_\_

Employee name: \_\_\_\_\_

## Address Change:

Name (if different): \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Effective Date: \_\_\_ / \_\_\_ / \_\_\_

## Job Description Change

New Job Description: \_\_\_\_\_

Department Change: \_\_\_\_\_ Effective Date: \_\_\_ / \_\_\_ / \_\_\_

## Pay-Rate Change

## Work Status

New Rate: \_\_\_\_\_ Per: \_\_\_\_\_ Part Time: \_\_\_\_\_

Exempt: \_\_\_\_\_ Non-exempt: \_\_\_\_\_ Full Time: \_\_\_\_\_

Effective Date: \_\_\_ / \_\_\_ / \_\_\_

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_