



Employee Status Change Form

Employee Name: _____

Check off all that apply below:

<input type="checkbox"/>	Effective Date:	_____	
		<i>From:</i>	<i>To:</i>
<input type="checkbox"/>	Pay Rate:	_____	_____
<input type="checkbox"/>	Next Rate Change:	_____	_____
<input type="checkbox"/>	Next Review Date:	_____	_____
<input type="checkbox"/>	Program Option:	_____	_____
<input type="checkbox"/>	Position Hours:	_____	_____
<input type="checkbox"/>	Position Title:	_____	_____
<input type="checkbox"/>	Site:	_____	_____
<input type="checkbox"/>	Benefits:	_____	_____
<input type="checkbox"/>	Name change:	_____	

(please attach copy of Social Security card with new name and initial here _____)

Description of requested change:

Vice President Signature (if applicable): _____

Internal use only

Reviewed/updated in ADP by: _____ Date: _____

Effective _____ payroll