

SECTION 1 - EMPLOYEE									
Effective Date:	Employ	yee Name:		SSN:					
New Direct Deposit info: Routing Number:				Account Numbe	Account Number:			chk attached	
Confidential email Address for Pay Stub:									
Previous Phone Number:				New Phone Number:					
Previous Home Address:				New Home Address:					
Emergency Contact (Name, Relationship, Address and Phone):									
SECTION 2 – JOB INFORMATION									
Effective Date:									
Previous Department:				New Department:					
Previous Position Title:				New Position Title:					
SECTION 3 – EMPLOYMENT STATUS									
Previous Employment Status - Check one: Full time (30 hours or more per week) Temporary Part time (29 hours or less per week) Contract				New Employment Status - Check one: Full time (30 hours or more per week) Part time (29 hours or less per week) Contract					
SECTION 4 - WAGE / SALARY									
Effective Date:									
Current Wage:	\$		Salary Hourly	New Wage:	\$			Salary	
SECTION 5 - REASON FOR CHANGE									
☐ Rehire ☐ Wage / salary increase ☐ Promotion/Transfer ☐ Employee Initiated personal info change				Unpaid Leave Illness/Disability Extended Leave of Absence					
SECTION 6 - LEAVE									
Type of Leave:				Actual last day wor	ked:	d: Anticipated RTW Date:			
Extended LOA	Previous RTW date:			New Anticipat	pated RTW date:				
Return from Leave of Absence: Actual first date back to work:					(RTW = Return To Work)				
Additional Comments:									
SECTION 7 - AUTHORIZATION									
Immediate Manager's Signature:					Date:	Date:			
Employee Signature:					Date:	Date:			