

Client Company Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Date Of Request: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_ Employee First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

**Check Appropriate Change(s):**

Pay Rate: From: \$	To: \$	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly			
Scheduled Hours, Per Pay Period:		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
Change In PTO Accrual Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:					
FLSA Status: <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt If Changing FLSA Status, Please Include Change In Job Duties:					
WC Code:	From	To	Job Title:	From	To
Supervisor:	From	To	Department:	From	To

Approved by (please print): \_\_\_\_\_ Effective Date Change: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY**

Verified by:	Date:
Processed by:	Date: