

Employee Change Form

Company Name / Location	Name/Title of Person Completing Form
Employee Name	Social Security #

Complete Only Necessary Fields

1. Change in Personal Information (attach W-4)			4. Change in Employment Status		
<i>Change in Marital Status</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			<i>Type of change</i> <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Exempt Status <input type="checkbox"/> Job		
<i>New Name (if changed) – MUST provide documentation; also update I-9</i>			<i>Effective Date of Change</i>		
<i>Spouse's Name if Just Married</i>			<i>New Job Title</i> <i>Old Job Title</i>		
<i>New Street Address</i>			<i>New Location</i> <i>New Department</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>New Exempt Status</i> <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <i>Name of Supervisor</i>		
<i>New Phone Number</i>		<i>Effective Date</i>	<i>New Employment Status- Also Review/Change Benefit Eligibility</i> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
2. Leave of Absence			5. Termination of Employment		
<input type="checkbox"/> Military <input type="checkbox"/> Sickness <input type="checkbox"/> Jury Duty			<i>Last Day Worked</i>		
<input type="checkbox"/> Accident <input type="checkbox"/> Funeral <input type="checkbox"/> FMLA			<i>Reason For Leaving</i> <input type="checkbox"/> Voluntary (Attach Resignation Letter)		
<input type="checkbox"/> Personal Leave (non-FMLA) <input type="checkbox"/> Other:			<input type="checkbox"/> Involuntary (Check reason below and attach all documentation)		
<i>Start Date</i>	<i>Expected Return</i>	<i>Actual Return</i>	<input type="checkbox"/> Violation of Company Policy <input type="checkbox"/> Gross Misconduct		
			<input type="checkbox"/> Excessive Absence/Tardy <input type="checkbox"/> Lack of Work		
			<input type="checkbox"/> Temporary Assignment Ended <input type="checkbox"/> Poor Performance		
			<input type="checkbox"/> Other (please elaborate in "Remarks" section)		
			<i>Eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> This termination was discussed with my Propel HR Team		
			<i>Disable Direct Deposit upon termination?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<i>Is there any additional compensation due to this employee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<i>If Yes, what type:</i> <input type="checkbox"/> Time worked <input type="checkbox"/> PTO <input type="checkbox"/> Commission <input type="checkbox"/> Severance		
3. Compensation Change					
<i>Date Employed</i>		<i>Effective Date</i>			
<i>Current Pay</i>		<i>New Pay</i>			
<i>Comments:</i>					

Remarks:
Note: For all separations, disable direct deposit <u>after</u> PTO and/or benefits' coverage; Severance & time worked is paid.

<i>Approved by:</i>	<i>Date Approved</i>	<i>Date keyed</i>	<i>Keyed by</i>
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This form must be scanned and emailed back to HRDepartment@propelhr.com