



DATE: _____

FROM: _____ CLIENT NAME: _____

EMPLOYEE UPDATE FORM

____ Add ____ Change ____ Terminate ____ Rehire (New application required if more than 1 year)

PLEASE SUBMIT THIS ON EFFECTIVE DATE.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ SSN: _____

MARITAL STATUS: _____ DATE OF BIRTH: _____

OF EXEMPTIONS: FEDERAL _____ STATE _____ LOCAL _____

JOB TITLE: _____

PART TIME _____ FULL TIME _____ WC CODE _____

RATE OF PAY: OLD RATE: _____ NEW RATE: _____

EFFECTIVE DATE: _____

DATE OF HIRE: _____ DATE OF REHIRE: _____

DATE OF TERMINATION: _____

REASON FOR TERMINATION: _____

SIGNATURE: _____

If the information being submitted is for a change to existing employee, please indicate **NAME** and **CHANGES** to be made only.

If the information being submitted is for a termination of employee, please indicate **NAME**, **TERMINATION DATE** and **REASON** for **TERMINATION ONLY**.