

Employee Change Form

(To Be Completed by Mgmt)



Company Name / Location:	Employee Name:	Social Security #:
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Complete Only Necessary Fields

1. Change in Personal Information (attach W-4)		
Change in Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
New Name (if changed) – MUST provide documentation; also update I-9		
**Check Box & Print Name		
Spouse's Name if Just Married		
New Street Address		
City	State	Zip
Email Address	New Phone Number	
Effective Date		

4. Change in Employment Status	
Type of change	
<input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Exempt Status <input type="checkbox"/> Job	
Effective Date of Change	
New Job Title	Old Job Title
New Location	New Department
New Exempt Status	Name of Supervisor
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
New Employment Status- Also Review/Change Benefit Eligibility	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	

5. Termination of Employment	
NOTE: Clients with HR Services, terminations should be discussed with Propel HR Team prior to delivery.	
Last Day Worked	
Reason for Leaving	
<input type="checkbox"/> Voluntary (Attach Resignation Letter) <input type="checkbox"/> Involuntary (Check reason below and attach all documentation)	
<input type="checkbox"/> Violation of Company Policy <input type="checkbox"/> Excessive Absence/Tardy <input type="checkbox"/> Temporary Assignment Ended <input type="checkbox"/> Other (please elaborate in "Remarks" section)	<input type="checkbox"/> Gross Misconduct <input type="checkbox"/> Lack of Work <input type="checkbox"/> Poor Performance
Eligible for rehire?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any additional compensation due to this employee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what type:	
<input type="checkbox"/> Time worked <input type="checkbox"/> PTO <input type="checkbox"/> Commission <input type="checkbox"/> Severance	

2. Leave of Absence		
<input type="checkbox"/> Military <input type="checkbox"/> Sickness <input type="checkbox"/> Jury Duty <input type="checkbox"/> Accident <input type="checkbox"/> Funeral <input type="checkbox"/> FMLA <input type="checkbox"/> Personal Leave (non-FMLA) Other: _____		
Start Date	Expected Return	Actual Return

3. Compensation Change	
Date Employed	Effective Date
Current	New
Comments:	

NOTE: For all separations, disable direct deposit only after PTO and/or benefits' coverage; Severance & time worked are paid.

Remarks:

I agree that this document may be electronically signed. I agree that my electronic signature appearing on this document is the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

Manager's Full Name

Date