

Employee Status Change



General Information

Client Name: _____ Date: _____

Employee Name: _____

Department: _____ Position: _____

Personal Data

Item to Change	From	To
<input type="checkbox"/> Name		
<input type="checkbox"/> SSN		
<input type="checkbox"/> Address		
<input type="checkbox"/> Telephone Number		
<input type="checkbox"/> Other		

I authorize Synuity to change the above listed items.

Employee Signature: _____ Date: _____

Employee Status

Item to Change	From	To	Effective Date
<input type="checkbox"/> Title			
<input type="checkbox"/> Department			
<input type="checkbox"/> Job Number			
<input type="checkbox"/> Wage			
<input type="checkbox"/> Pay Type	<input type="checkbox"/> Non-exempt Hourly <input type="checkbox"/> Non-exempt Salary <input type="checkbox"/> Exempt Salary	<input type="checkbox"/> Non-exempt Hourly <input type="checkbox"/> Non-exempt Salary <input type="checkbox"/> Exempt Salary	
<input type="checkbox"/> Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	
<input type="checkbox"/> PTO			
<input type="checkbox"/> Benefit Class			
<input type="checkbox"/> Pay Rate			

Reason: Annual Review Correction Merit Increase Minimum Wage Adj Position Change
 Transfer Other

Special Instructions (if applicable): _____

I authorize Synuity to change the above listed items.

Employee Signature: _____ Date: _____

Authorized Client Signature: _____ Date: _____