

## EMPLOYEE STATUS FORM

### Employee Personal Information Update

Employee Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ DL# \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Divorce \_\_\_\_\_

### Employment Information

☐ New Hire ☐ Transfer ☐ Promotion ☐ Part-time to Full-time ☐ Full-time to Part-time

☐ Benefit Enrollment ☐ Benefit Change ☐ Exempt to Non-Exempt ☐ Non-Exempt to Exempt

☐ Rate Change ☐ Shift Differential ☐ Leave of Absence ☐ Termination ☐ Resignation

Job Title: \_\_\_\_\_ New Job Title: \_\_\_\_\_

Current Wage: \_\_\_\_\_ New Wage: \_\_\_\_\_ Shift Differential Amount: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_ Deduction Effective: \_\_\_\_\_ WC: \_\_\_\_\_

Deduction Amount (s): Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ AFLAC \_\_\_\_\_

Life \_\_\_\_\_ 401(k) \_\_\_\_\_ STD \_\_\_\_\_ LTD \_\_\_\_\_ Loan \_\_\_\_\_ Savings Program \_\_\_\_\_

End Deductions: \_\_\_\_\_ W-4: \_\_\_\_\_ DD: Routing: \_\_\_\_\_ Acct: \_\_\_\_\_ ☐ Check ☐ Save

Leave of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leave: \_\_\_\_\_

Vacation Payout: \_\_\_\_\_ DD Final Check: ☐ Yes ☐ No Eligible for Rehire: ☐ Yes ☐ No

Notes: \_\_\_\_\_

Completed: Payroll Initial: \_\_\_\_\_ HR Initial: \_\_\_\_\_