EFFECTIVE DATE: __________

Employee Change Form

Status/ Wage / Address

Please return to IDEAL HR within 24 hrs

Employee Information

Client Company ____________________________
Last Name_________________________________
First Name________________________________
Middle___________________________________

Address Change

Address:___________________________________
City:_________________________
State:______________ Zip code_______________

Phone:____________________________________
Email:____________________________________

Status/Wage/Department/Job Title Change

(Check those that apply)

- ☐ Hourly
- ☐ Exempt
- ☐ Part-time
- ☐ Salaried
- ☐ Non-Exempt
- ☐ Full-Time

Average hours per day________ per week________

Wage Amount: From___________ To___________

Reason for wage increase:

____

New Department _______________________

New Job Title __________________________

Who will Manage the employee?

Who will the employee manage?

Leave of Absence

Type of Leave:

- FMLA
- Jury Duty
- Personal/Discretionary
- Other

Start Date:_______________
Return Date:______________

Requires a medical release to return: ____Yes ___No

Reason for Leave: ___________________________
____

Does this change effect:

Will continue to earn Accruals ____Yes ___No
Will continue to receive Vacation ____Yes ___No

Does the employee have Health or Supplemental Insurance? ____Yes ____No

If Yes, How will the premiums be paid while the employee is on leave? ______________________
____
____

Please contact our Benefits Department for any questions or concerns (864)286-9009

I have authorized the above changes to be made as of the effective date listed above.

____ ______________________________
Signature of the Person Completing Date

____ ______________________________
Signature - Additional Authorization Date