



Employee Status Change

Employee Last Name	First Name	MI	Social Security Number
Change of Address:			Change of Telephone:

W-4 Withholding Allowance Change

3. Single Married Married, but withhold at higher Single rate.

Note: If Married, but legally separated, or spouse is a nonresident alien check the Single box.

4. If you last name differs from that on your social security card, check here and call 1-800-772-1213 for more information

5. Total number of allowances you are claiming 5. _____

6. Additional amount, if any, you want deducted from each paycheck 6. _____

7. I claim exemption from withholding and I certify that I meet BOTH the following conditions of exemption:

- Last year I had a right to a refund and ALL Federal income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

If you meet BOTH conditions enter "EXEMPT" here 7. _____

Employee Signature: _____ **Date:** _____

The above changes cannot be made without an employee signature.

Payroll Change

Effective Date: _____	Job Title: _____		
<input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Salaried Only <input type="checkbox"/> Salaried w/ O.T. <input type="checkbox"/> Other _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	Pay Rate \$ _____	Workers' Compensation Code _____
Description of Duties – or Attach Job Description			

Employee Separation

Termination Date _____

Voluntary (Resignation)	Involuntary (Discharge)	Inactive / Leave of Absence
<input type="checkbox"/> Resigned with notice – health reasons	<input type="checkbox"/> Absenteeism / Tardiness <input type="checkbox"/> Lack of Work	<input type="checkbox"/> Disciplinary lay off
<input type="checkbox"/> Resigned with notice – other reasons	<input type="checkbox"/> Unsatisfactory work <input type="checkbox"/> Dishonesty	<input type="checkbox"/> Illness (FMLA <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> Resigned – no notice	<input type="checkbox"/> Insubordination <input type="checkbox"/> Death	<input type="checkbox"/> Maternity (FMLA <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> No show / No call _____ days	<input type="checkbox"/> Destruction of company property	<input type="checkbox"/> Family Obligations (FMLA <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> Accepted another job	<input type="checkbox"/> End of Temporary assignment	<input type="checkbox"/> Injury – Work Related
<input type="checkbox"/> Other – please explain	<input type="checkbox"/> Other – please explain	<input type="checkbox"/> Personal
Comments/Explanation		
Would you rehire employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Client Representative Signature _____

Date _____