

Employee Change Form

Employee Name: _____ Last 4 digits of SSN: _____

Company Name: _____ Effective date of change: _____

Reason for change: _____

	FROM	TO
Pay Rate Adjustment		
Standard Hours Adjustment <i>Based on employee's pay frequency</i>		
Location/Dept/Div/Project/ Cost Center/Work Shift		
Job Title		
Status Type	Active Furlough Terminated	Active Furlough Terminated
Employment Type	Full-time Intern Part-time PRN Seasonal/Temporary	Full-time Intern Part-time PRN Seasonal/Temporary
Exemption Status <i>Attach a copy of the FLSA test for exemption signed by the employee and supervisor.</i>	Non-exempt hourly Non-exempt salary Exempt salary	Non-exempt hourly Non-exempt salary Exempt salary
Benefit Class <i>A change in work hours or classification may change benefits eligibility.</i>	Eligible Not eligible	Eligible Not eligible
Vacation/Sick/PTO	<i>Did the change in benefit class change vacation accrual amount?</i> Yes No	New accrual rate:
Supplemental Pay	Amount: Separate check? Yes No	Bonus Commission Severance (attach agreement)
Secondary Pay Rate		Secondary Job Title

By signing below, I acknowledge that this is not a deferral of wages and I have not been promised that any reduction in wages will be made up or paid later. I also understand that a reduction in my wages may result in a reduction in benefit for any applicable life insurance, short-term/long-term disability, workers' compensation or other benefit based on my wages/salary.

Supervisor Name (print)

Supervisor Signature

Payroll Contact or Owner Name (print)

Payroll Contact or Owner Signature

Employee Signature

Date

For a reduction in pay, this form must be signed and dated by the employee on or before the effective date of change. For a pay increase or reduction for the payroll contact, the owner's signature is required.

Send completed form to inputs@TandemHR.com.