

Employee Maintenance

Client: _____ Client ID: _____ Request Date: _____

Printed Employee Name: _____ Effective Date: _____

Requestor's Signature: _____ Requestor's Phone #: _____

A. GENERAL CLIENT INFORMATION

The following is a: Change Addition

1. Old Name:		2. New Name:	
3. New Street Address			7. Change Pay Type <input type="checkbox"/> Hourly
4. New City	5. New State	6. New Zip:	<input type="checkbox"/> Salary <input type="checkbox"/> Commission
8. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		9. Change Status: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	

B. PAYROLL CHANGES

1. Change PR Cycle To: Weekly Biweekly Monthly Semimonthly Other (describe below)

2. Change Pay Rate to \$ _____
Per _____

Merit Annual Promotion
 Adjust Other

LEAVE

PTO Education FMLA (attached FMLA Leave Forms)
 Jury Military Bereavement

3. Describe any other Payroll change below.

C. WORKERS' COMP CODE CHANGE, ADDITION OR DELETION (explain reason for change below)

	Code	Description	State
Change: From <input type="checkbox"/> To <input type="checkbox"/> Add <input type="checkbox"/> Delete			

EMPLOYEE LOANS

New Loan Add to Existing Loan Delete Loan

KIND OF LOAN

Ca (Cash Advance) EL (Employee Loan)
 LM (Loan Misc.) L4 (401K Loan)
 TL (Tools/Equip) UN (Uniforms)

AMOUNT OF LOAN _____

AMOUNT OF WEEKLY DED _____

ONE TIME LOAN DED _____

E. EMPLOYEE TERMINATIONS (Circle Reason)

Lack of Work	Quit – Attach letter of resignation	Discharged – Attach Supporting Docs
160 Seasonal 170 Temporary Employ 140 On Call 150 Reorganization 160 End of Project	400 No Information 420 Accept another job 440 Better Benefits 540 Family Obligation 580 Joined Military 610 Relocate 660 Didn't Return from Leave	410 Abandoned Job 450 Better Pay 480 Death 560 Illness 600 Personal 650 Walked off Job 710 Absenteeism 780 Insubordination 760 Failed Appraisal period 770 Failed Physical 840 Violation of Co. Policy 850 Violation of Safety Rules 860 Unauthorized Removal Co. Property

LAST DAY WORKED: _____ Eligible for Rehire YES NO If discharged was EE warned First Yes No

Final Pay	<input type="checkbox"/> Vacation \$ or Hrs From: _____ To: _____	<input type="checkbox"/> Severance \$ or Hrs Form: _____ To: _____	<input type="checkbox"/> Regular \$ or Hrs From: _____ To: _____
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Approved by: _____ Date: _____