

EMPLOYEE CHANGE FORM

Employee Name _____

Business Name _____

CHANGE IN SALARY

Current Wage: _____ per _____
(rate) (hour, year or pay period)

New Wage: _____ per _____
(rate) (hour, year or pay period)

Effective Date: _____

CHANGE IN POSITION

Current Title: _____

New Title: _____

Effective Date: _____

CHANGE IN WORK STATUS

Please notify *Profit Advantage, Inc.* as soon as possible - as this will affect the employee's benefit eligibility status!

Employee is changing from _____ part-time to full-time.
_____ full-time to part-time.

Effective Date: _____

ANY LEAVE OF ABSENCE (please call *Profit Advantage, Inc.* for assistance and possibly additional paperwork)

Type: _____ (Maternity, Family Medical Leave, Personal, etc.)

Leave Begins On: ____/____/____ Leave Ends On: ____/____/____

Is the employee continuing on the payroll? _____yes _____no

Authorized Signature

Date