

Change of Employee Status

Return by fax: 317.469.4700 or scan and email to payroll@aspirecpas.com

SECTION 1	<p>Employee Information</p> <p>Employee Name: _____ Employee ID: _____</p> <p>Client Company: _____ Social Security Number: ____/____/____</p>
------------------	---

SECTION 2	<p>Pay Rate Change Check Date to be Effective: _____</p> <p>Old Rate \$ _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Pay Period <input type="checkbox"/> Qtrly <input type="checkbox"/> Zero Net Check (goes towards taxes)</p> <p>New Rate \$ _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Pay Period <input type="checkbox"/> Qtrly <input type="checkbox"/> Zero Net Check (goes towards taxes)</p> <p>Client Signature: _____ Employee Signature: _____ <i>(Employee Signature required only if pay decreases)</i></p>
------------------	---

SECTION 3	<p>Allowance Add/Change Check Date to be Effective: _____</p> <p>Rate \$ _____ <input type="checkbox"/> Per Pay Period <input type="checkbox"/> Per Month</p> <p>Type of Allowance: <input type="checkbox"/> Car <input type="checkbox"/> Phone <input type="checkbox"/> Other _____</p> <p>Client Signature: _____ Employee Signature: _____ <i>(Employee Signature required only if pay decreases)</i></p>
------------------	---

SECTION 4	<p>Employee Status Change Check Date to be Effective: _____</p> <p><input type="checkbox"/> Part Time to Full Time <input type="checkbox"/> Full Time to Part Time</p> <p><input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt</p>
------------------	--

SECTION 5	<p>Employee Information Change Check Date to be Effective: _____</p> <p>Name Change: From _____ to _____</p> <p>Address Change: _____ Apartment Number: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone Number: _____ E-mail Address: _____</p> <p>Old County of Residence: _____ New County of Residence: _____</p>
------------------	--