THE EMPLOYER GROUP
HR & PAYROLL OUTSOURCING EXPERTS
OPERATE SMARTER

STATUS / RATE CHANGE

Employee Name:		Today's Date:	
Employee's Social Security #:		Effective Date:	
Client Company:			

Instructions: Use this form when changing an employee's status and/or compensation. Return to The Employer Group properly signed by the Supervisor(s). Compensation changes are subject to final approval by The Employer Group.

EMPLOYEE INFORMATION:	CURRENT:				CHANGES:			
Department:								
Reports To (Name):								
Job Title:								
Status (check one):		FT-40 hrs/wk		Temp		FT-40 hrs/wk		Temp
		PT-under 30 hrs/wk		Less than 20 hrs/wk		**PT-under 30 hrs/wk		Less than 20 hrs/wk
Pay Rate:	Hourly		Salary		Hourly		Salary	

** If this is for a reduction in hours, was this change ☐ voluntary (employee-requested) or ☐ involuntary?

	REASON FOR CHANGE (check all that apply):
	Location or Job Transfer
	Promotion – *if promotion, do you require licensing for the new position? ☐ Yes ☐ No*
	Termination—*Complete Termination Form INSTEAD*
	Merit Increase / Annual Raise
	Other: ____________________

COMMENTS:

APPROVALS (Fax completed form to The Employer Group @ 800-319-0516)

Supervisor ____________________ Date ____________

For The Employer Group's Use Only			
Date Received:		Date Approved and Processed:	
Received By:		Approved and Processed By:	
If Denied, Reason:			
Date Denied:		Denied By:	

Eligible/Cancel from the following benefit programs:

☐ Health Insurance ☐ 401(k) ☐ Life and LTD
☐ Dental / Vision ☐ FSA ☐ Other: ____________________

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