PHOENIX
Payroll Solutions

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**Employee
Information Change**

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Employer Information	**Employee Information**
Client Number:	Employee Name:
Client Name:	Social Security Number:

Type of Change

Mailing Address/Phone	Rate of Pay
Social Security	Workers' Compensation Classification
Status Change	Name
Leave of Absence/FMLA	

Mailing Address/Phone

Street Address:	Unit/Apt:
City: State:	Zip Code:
Phone:	

Rate of Pay	**Social Security Number**
New Hourly Rate: New Salary:	Old Social Security Number:
Effective Date:	New Social Security Number:

Worker's Compensation Classification	**Status Change (PT/FT)**
New Code Number:	Current Status:
Job Description:	New Status:

Name

Original Name:
New Legal Name:
Please print name as it appears on your Social Security Card

Leave of Absence/FMLA

Last Day Worked:	Estimated Return Date:
Reason for Leave:	
If leave is covered under FMLA, CLIENT must retain proper documentation. Please contact the Human Resources Department for further information.	

Employee Signature (if applicable): _____ **Date**_____

Supervisor Signature_____ **Date**_____

PHOENIX USE ONLY	
Received by:	Processed by:
Date Received:	Date Processed:
Benefits Notified:	