

PHOENIX

Payroll Solutions

Employee
Information Change

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	Job Title

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	Job Title
Original Name:	New Job Title:
New Legal Name:	Duties:
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:	