

Payroll/Status Change Form

Please Print Clearly

Johnson Employer Support Services

www.peoamerica.net

Fax to 870-862-3706

Effective Date of Change ___/___/___ New Hire Rehire Change Termination New Client

Employee Name _____ Client Hire Date _____

Social Security # _____ - _____ - _____ Client _____

New Hire Information

Address _____ City _____ St _____ Zip _____

Telephone () _____ Date of Birth ___/___/___

Status: Full-Time Part-Time Temporary, How long? _____ Wage/Salary \$ _____ Per _____

Fed WH _____ State WH _____ Job Title _____ WC Code _____

Attached: W-4 State Withholding I-9 (IDs Checked _____ _____) Handbook Receipt

Changes for Current Employees

Type	From	To	Comments
<input type="checkbox"/> Address Change			
<input type="checkbox"/> Change of Insurance			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Department Change			
<input type="checkbox"/> Merit Wage Increase			
<input type="checkbox"/> Length of Service Increase			
<input type="checkbox"/> Wage Decrease			
<input type="checkbox"/> Other			

Leave of Absence

Begin Leave ___/___/___ Educational Personal Family/Medical Leave

Return ___/___/___ Short Term Disability Long Term Disability Other

Termination

Termination Date ___/___/___ Last Day Worked ___/___/___ Last Pay ___/___/___

Quit Layoff (Subject to recall) Notice of COBRA Rights ___/___/___

Discharged Not Eligible for Rehire COBRA Election No Yes

Comments

Does the employee need a Skylight pay card? Yes No

Employee Signature (Optional) _____ Date ___/___/___

Supervisor Signature _____ Date ___/___/___

JESS Document Handling Payroll HR Management Files

New Hire # _____