

**Employee Change Form**

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Client \_\_\_\_\_

**Check the type of change below:**

Address Change:

New Address: \_\_\_\_\_

\_\_\_\_\_

Pay Rate Change:

New Rate: \_\_\_\_\_ Hourly/Salary  
(circle one)

Department Change:

New Department: \_\_\_\_\_

New Class Code: \_\_\_\_\_