

Employee Data Change Form

General Information

Employee Name:	SSN:
Client Name:	Effective Date:

SECTION 1: Change of Name, Address, or Phone Number

Old Information:	New Information:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:

SECTION 2: Change of Pay Rate, Pay Type or Department

Old Information:	Full-Time	Part-Time	New Information:	Full-Time	Part-Time
Pay Rate:	Pay Rate:				
Pay Type:	Pay Type:				
Department:	Department:				
Workers' Comp Code:	Workers' Comp Code:				

SECTION 3: Notice of Termination

Term Effective Date:	Original Hire Date:
Reason for Termination:	

Submitted by

Print Name:	
Signature:	Date:

Processed by

Print Name:	
Signature:	Date:

Please return completed form via Fax or Email to 248.281.5102 or Payroll@human-capital.com