



280 Hindman Road
Travelers Rest, South Carolina 29690
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Active Employee Personnel Change of Status Form

Employee SSN: _____

Employee Name: _____

Client/Company: _____

Effective Date: _____ Department: _____

REASON FOR CHANGE:

- (a) Department Change
- (b) Termination
- (c) Address/Phone Change
- (d) Leave of Absence
- (e) FMLA
- (f) PT to FT / FT to PT
- (g) Promotion/Posn. Change
- (h) Pay Data Change
- (i) Other _____

Check appropriate action box above, then use the corresponding section below.

(a) Change Employee from Dept. _____ to Dept. _____

(b) Termination Reason: _____ Effective Date: _____ <i>(Attach Termination Report/Resignation Letter or other appropriate supporting documentation)</i>
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(c) New Address: _____

(d) Type Leave of Absence: _____ Return Date: _____
Paid Leave of Absence: Yes No

(e) FMLA Approved by: _____ Return Date: _____
Reason for FMLA:

(f) FT to PT or PT to FT
(g) Promote to Position: _____
(h) Change Hourly Rate/Salary to: _____ Effective Pay Period: _____