

EMAIL: [HR@EMPLOYERFLEXIBLE.COM](mailto:HR@EMPLOYERFLEXIBLE.COM) | PHONE: 866.501.4942 | FAX: 281.377.7459

<b>EMPLOYEE INFORMATION</b> (Complete all fields.)			
EMPLOYEE NAME: FIRST MIDDLE LAST			CLIENT COMPANY NAME & CLIENT NUMBER:
EFFECTIVE DATE OF CHANGE:			LAST 4 DIGITS OF SSN:
<b>POSITION DESCRIPTION CHANGE / TRANSFER</b> (Complete all applicable fields & attach new position description if applicable.)			
<b>POSITION CHANGE</b>			
CURRENT POSITION TITLE:		PROPOSED POSITION TITLE:	
CURRENT WORK LOCATION:		PROPOSED WORK LOCATION:	
CURRENT DEPARTMENT:		PROPOSED DEPARTMENT:	
<b>PAY RATE CHANGE / CLASSIFICATION</b> (Complete all applicable fields.)			
<b>PAY RATE CHANGE</b> (Indicate dollar amount of change.)			
REASON FOR PAY RATE CHANGE:			
CURRENT PAY RATE:		PROPOSED PAY RATE:	
CURRENT PAY TYPE: ANNUAL SALARY                      HOURLY		PROPOSED PAY TYPE: ANNUAL SALARY                      HOURLY	
CURRENT EMPLOYEE STATUS: NON-EXEMPT                      EXEMPT		PROPOSED EMPLOYEE STATUS: NON-EXEMPT                      EXEMPT	
CURRENT PAY FREQUENCY: WEEKLY                      BI-WEEKLY                      SEMI-MONTHLY                      MONTHLY 52/40.0                      26/80.0                      24/86.67                      12/173.33		PROPOSED PAY FREQUENCY: WEEKLY                      BI-WEEKLY                      SEMI-MONTHLY                      MONTHLY 52/40.0                      26/80.0                      24/86.67                      12/173.33	
CURRENT EMPLOYEE TYPE: FULL TIME REG                      PART TIME REG                      PART TIME TEMP                      FULL TIME TEMP		PROPOSED EMPLOYEE TYPE: FULL TIME REG                      PART TIME REG                      PART TIME TEMP                      FULL TIME TEMP	
<b>PERSONAL DATA CHANGES</b>			
<b>CHANGES THAT CAN BE MADE IN THE HR PORTAL:</b> ADDRESS, EMAIL ADDRESS, PHONE NUMBER, EMERGENCY CONTACT, DIRECT DEPOSIT, W4 FORM  <b>CHANGES THAT CANNOT BE MADE IN HR PORTAL, SEND REQUESTS TO <a href="mailto:HR@EMPLOYERFLEXIBLE.COM">HR@EMPLOYERFLEXIBLE.COM</a>:</b> SOCIAL SECURITY NUMBER, NAME, BIRTH DATE, BENEFITS			
<b>COMMENTS</b>			
Employee Signature: (Employee signature required for pay reduction and/or exemption change)		Date Signed:	
On-Site Supervisor Signature:		Date Signed:	