



CLIENT INFORMATION

Client Number:
Client Name:

EMPLOYEE INFORMATION

Employee Name:
Social Security Number:

TYPE OF CHANGE

<input type="radio"/> Mailing Address / Phone Number	<input type="radio"/> Name Change (Must Match SSA)
<input type="radio"/> Rate of Pay	<input type="radio"/> Leave of Absence
<input type="radio"/> Workers' Compensation Classification	<input type="radio"/> FMLA

MAILING ADDRESS / PHONE CHANGE

Street Address:		
City:	State:	Zip:
Phone:		

NAME CHANGE

Original Name:
New Legal Name:

CHANGE IN RATE OF PAY / CLASSIFICATION

New Rate of Pay: \$ _____ per <input type="radio"/> hour <input type="radio"/> pay period <input type="radio"/> Hourly/Non-Exempt
Effective Date: <input type="radio"/> Salary/Exempt

CHANGE IN WORKERS' COMPENSATION CLASSIFICATION

New Workers' Compensation Code Number:
Job Description:

LEAVE OF ABSENCE / FMLA

Last Day Worked:	Estimated Return Date:
Reason for Leave: <i>If Leave is covered under FMLA, Client must retain proper documentation.</i>	

Supervisor Signature:	Date:
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WELCO USE ONLY

Received By:	Processed By:
Date:	Date: