



Change of Employee Status

Client Company

Personal Information Change

Employee Name _____	
New Address _____	
City _____	State _____ Zip Code _____
New Phone Number _____	Social Security Number _____

Status Change

Pay Rate Change:	From _____	To _____			
Leave of Absence					
<input type="checkbox"/> Discharged	<input type="checkbox"/> Quit	<input type="checkbox"/> Laid Off	<input type="checkbox"/> Medical	<input type="checkbox"/> Personal	<input type="checkbox"/> Rehired
Comments _____					

Effective Date _____					

Approval

Signature (Client Representative)

Date

Business Staffing, Inc. Office Use Only
OK for rehire per _____
Documentation required _____
