



Change of Employee Status

Client Company

Personal Information Change

Employee Name _____
New Address _____
City _____ State _____ Zip Code _____

Status Change

Pay Rate Change: From _____ To _____
<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
Leave of Absence
Comments _____ _____ _____ _____ _____
Effective Date _____

Approval

Signature (Client Representative)

Date

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