

**COMPANY NAME** \_\_\_\_\_  
**EMPLOYEE NAME** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER** \_\_\_\_\_  
**EFFECTIVE DATE OF CHANGE** \_\_\_\_\_

**Employee Name Change**

Please obtain a new W-4 Form and a new I-9 form from employee with required documentation verification.

	From	To
<b>Name</b>	_____	_____

**New Mailing Address or Phone Number**

<b>Address</b>	_____		
<b>Address</b>	_____		
<b>City</b>	_____	<b>State</b>	_____ <b>Zip</b>
<b>Home Phone</b>	_____	<b>Alternate Phone</b>	_____

**Miscellaneous Changes**

Change	From	To
<b>Rate of Pay</b>	\$ _____ Per _____	\$ _____ Per _____
<b>Status FT/PT</b>	_____	_____
<b>Job Title</b>	_____	_____
<b>Department</b>	_____	_____
<b>Other</b>	_____	_____

**Reason for Change**

<input type="checkbox"/> Promotion	<input type="checkbox"/> Merit	<input type="checkbox"/> Rehire
<input type="checkbox"/> Demotion	<input type="checkbox"/> Probation Period	<input type="checkbox"/> Length of Service
<input type="checkbox"/> Transfer Positions	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Other : _____

**Rehire**

You can only use this rehire form if the employee has been termed from CHOICE HR for less than 60 days. Please obtain a new W-4 from the employee. If employee has been termed longer than 60 days, please obtain a complete New Hire Booklet.

<b>Rehire Date</b>	_____ / _____ / _____	<b>Department</b>	_____
<b>Rate of Pay</b>	\$ _____ Per _____	<b>Job Title</b>	_____

**AUTHORIZED REPRESENTATIVE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_