



EMPLOYEE STATUS CHANGE FORM

Instructions: Please type or print information according to the type of service requested and make sure this form is signed before mailing or faxing. We cannot accept it without an authorized signature.

ALL SUBMISSIONS MUST BE MADE BY NOON FRIDAY BEFORE YOUR PAYROLL WEEK

Company Name _____

Employee Name _____ Soc. Sec. # _____

A. NEW HIRE

START DATE ____/____/____ FULL TIME ____ PART TIME ____ CONTINGENT ____

POSITION/TITLE _____ DEPT. _____

DESCRIPTION OF DUTIES _____

WAGE RATE ____/HR. OR SALARY _____/YR.

B. PAY RATE CHANGE

CURRENT PAYRATE \$ _____ NEW PAYRATE \$ _____ EFFECTIVE DATE _____

PROCESS WITH PAY PERIOD ____/____/____ RETRO PAY AMOUNT \$ _____

C. *TERMINATION / RESIGNATION NOTICE

LAST DAY WORKED ____/____/____

TERMINATION REASON: - PLEASE EXPLAIN IN DETAIL

A. VOLUNTARY QUIT: (PLEASE EXPLAIN) _____

B. DISCHARGE: (PLEASE EXPLAIN) _____

C. LEAVE OF ABSENCE (PLEASE EXPLAIN) _____

** Please consult with the ACRO HR department first and include documentation of all warnings for any discharged/fired employees. Please include all details relating to discharge.*

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

ACRO USE ONLY: (initial & date)

Route to:

1. CLIENT SERVICES ____/____/____
2. PAYROLL ____/____/____
3. BENEFITS ____/____/____
4. H.R. * ____/____/____
5. EMPLOYEE FILE ____/____/____