Amcheck PAYROLL + HR + BENEFITS

Payroll/Status Change Notice	Company Name
Effective Date of Change / /	☐ New Hire ☐ Change ☐ Termination
Employee Name	First Middle
Social Security #	Employee/Payroll#
New Hire Information	
Address: Street	
	City State Zip Code Dots of Pirth (for administrative year only)
Telephone #: ()	
	Full-Time Temp Other Other
Job Title: Pay Rat	te
☐ Fed W-4 ☐ State W-4 ☐ I-9 ☐	Employee Notification
Change(s) for Current Employee (check the appropriate by	box and circle the applicable type)
TYPE FROM	TO COMMENTS
Address Change	
401(k)/403(b) Contribution	
Insurance Eligibility	
Change of Insurance	
Length of Service Increase End of Introductory Period	
☐ End of Introductory Period ☐ Promotion/Demotion	
Rehire	
Resignation Resignation	
Salary/Wage	
Salary/ wage Separation/Layoff	
Shift Change	
☐ Transfer/Department Change	
Union Scale	
Other	
Leave of Absence Begin Leave /	/ Return from Leave / /
	☐ Family/Medical Leave (incl. Pregnancy)
Short-Term Disability Long-Term Disability	
Termination Separation Date / / Las	st Day Worked / Last Day Paid /
☐ Voluntary Separation ☐ Involuntary Separation	
Additional Comments:	
Employee Signature (Optional)	Name & Title Date
Supervisor/Designated Manager Signature	Date
Payroll Manager Signature	Name & Title Date
	Name & Title
AMCHECK INTERNAL USE ONLY	
Routing Payroll Human Resource	Benefits