



KEENA

HR MATTERS.

EMPLOYEE CHANGE FORM

Employee Name: _____

Employee SS#: _____

Client Company: _____

Today's Date: _____

Effective Date Of Change: _____

Pay Period Ending: _____

Change:

From:

To:

- Title/Position _____
- Promotion _____
- Demotion _____
- Workers Comp Code _____
- Rate of Pay* _____
- Employee Status _____
- Department _____
- Address _____
- Reactivation _____
- Other: _____

* If changing pay rate please provide employee with an updated disclosure (attached).

Comments: _____

Onsite Supervisor Signature: _____

Date: _____