

AARON BROWN & ASSOCIATES
EMPLOYEE STATUS CHANGE

Please Type or Print

Date: ____/____/____

Employee Name: _____
(Last) (First) (MI)

Social Security #: ____/____/____ Client Company: _____ Client #: _____

PAY RATE CHANGE

FROM: \$ _____ TO: \$ _____

Per: ____ Hour ____ Pay Period
(Weekly, Bi-Weekly, Monthly, Semi-Monthly)

Per: ____ Hour ____ Pay Period
(Weekly, Bi-Weekly, Monthly, Semi-Monthly)

Date Effective: ____/____/____ New Job Title (If Applicable): _____

EMPLOYEE DEDUCTIONS

Effective Date: ____/____/____ Deduction Amount: _____

Type of Deduction:

- Health Insurance Pre Tax Post Tax
- 401 K
- Uniform
- Advance Repayment - to stop when \$ _____ is reached.
- Tools or Equipment
- Cell Phone
- Aflac
- Dental

Other: _____

TERMINATIONS

Date of termination: ____/____/____ Reason: _____

ADDRESS CHANGE TO:

New Address: _____ P.O. Box: _____

City: _____ State: _____ Zipcode: _____ Phone: (____) _____

OTHER: _____

Supervisor's Signature: **X** _____ Date: _____