

Changes Company _____ Client Code _____ Contact Person _____

Personal Information							
Last Name		First Name		Middle Initial	Sex	Marital Status	Exemptions
Address				City		State	ZIP
Home Phone		Work Phone		Social Security		BirthDate	

Employment Status							
New Hire	Rehire	Full-time	Part-time	Exempt	Nonexempt	Effective Date	WC Class Code
Position		Department		Location		Manager	
Rate of Pay				Deductions			
\$ _____ yr mo wk hr				Health \$ _____ Dental \$ _____ 125C Plan DCR \$ _____ URM \$ _____ 401K Plan \$ _____ Other \$ _____			
Other Compensation							
Commissions \$ _____							
Bonus \$ _____							
Other \$ _____							

Change of Status	
Wage Increase	Promotion Transfer Other _____
Wage Changes	Effective Date
Current Wages: _____	New Wages: _____
Position Changes	Effective Date
Current Position: _____	New Position: _____

Termination of Employment				
Period from _____ to _____		Total Days Worked		Check Due Date
Dismissed	Resigned/Quit	Laid Off	Final Hours	Final Check
Tardiness/Absenteeism	Personal	Lack of Work (Temporary)	Reg. Hrs _____	Check to Client Company
Gross Misconduct	Other Position	Downsizing (Permanent)	OT Hrs. _____	Mail to Employee
Rules Violation	Other _____	Other _____	Vacation _____	Direct Deposit
Sub Par Performance			Sick _____	Pick Up at TPG
Other _____			Other _____	Other _____
Effective Date	Effective Date	Effective Date	Effective Date	

Other Information

Authorization	
Employee Signature	Date
Supervisor Signature	Date