



Change in Personal Data

Client Name: _____ Client Id: _____
Employee Name: _____ EE Number: _____
Social Security Number: _____ Effective Date: _____

Address, Phone or Name Change

Previous Address: _____
Street

City State Zip

Address Changed To: _____
Street

City State Zip

Previous Phone Number: _____ Phone Number Changed To: _____
Previous Name: _____ Name Changed To*: _____

*Note: In order to process a name change, a new W-4 Form and a copy of the new social security card must accompany this form.

Change of Pay Rate/Status

Previous Pay Rate: \$ _____ New Pay Rate: \$ _____
If there is a decrease in pay please have the employee sign form.

Present Status Hourly Salary Piecework Part Time Full Time

New Status Hourly Salary Piecework Part Time Full Time

Change in Workers' Comp Code

Current Job Description _____ Workers' Comp Code _____

New Job Description _____ Workers' Comp Code _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

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