



# FLORIDA RESOURCE MANAGEMENT

## 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: \_\_\_\_\_