

Employee Status Change Form



Employee Name: _____

I. Personnel Changes:

Effective Date of Change: _____

Data to be Changed: _____

(example: Salary changes, address

changes, job title changes etc.,)

II. Termination of Employment: *(also to be used for placing an employee on leave of absence)*

Last Day Worked: _____

Reason for Termination: _____

Termination Code: (Required) _____

Additional Comments: _____

Approval Signature: _____

Date: _____

Please fax this form to :

Attn: Payroll Department

Fax: 770-248-1325

Phone: 770-248-0401