

# Employee Status Change Form

## Instructions:

1. Complete only the sections you need changed.
2. This form is for employee information only.

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_

### Completed by Employee

**New Name:** \_\_\_\_\_  
Please attach your update, signed Social Security Card

**New Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**New Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell

**New Email:** \_\_\_\_\_

**Cancel Direct Deposit Effective Date:** \_\_\_\_\_

### Completed by Participant

**New Pay Rate:** \_\_\_\_\_  
Make sure the new pay rate is included on the Participant's budget.  
Please specify if adding more than one rate.  
 SHC  Respite  PC  Mileage  Other: \_\_\_\_\_

### Completed by Participate or Employee

**Employment Termination Date:** \_\_\_\_\_  
Please write the last day worked.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

