



EMPLOYEE STATUS CHANGE FORM

IS THE REQUESTED CHANGE FOR: (circle one)

Address Change

Change of Employee Benefits

Change of banking information

Cancel Direct Deposit

Email Address Change

Name Change

Pay Increase

Pay Decrease

CORRECTED PERSONAL INFORMATION

Employee Name _____

Address _____

City _____

E-Mail Address _____

Phone Number: _____

Employee Signature _____ Date _____

NOTE: Employee signature is only required for address change or canceling Direct Deposit. If changing bank account information, please fill-out and attach a new authorization for electronic deposit form.

EMPLOYMENT INFORMATION

Client Name: _____

Job Title: _____

Rate of Pay: Salary \$ _____ per pay period OR Hourly \$ _____ per hour worked.

Change Date: what is the effective date of this change? _____

EMPLOYEE BENEFIT AVAILABILITY

(as of START DATE with DM Employer Services, Inc.)

Vacation Hrs Available: _____ Sick Leave Hrs Available: _____ Health Insurance deduction: _____

Notes: _____

Signature: _____ Date: _____