



EMPLOYEE UPDATE FORM
(email to payroll@integrityhrm.com)

Client Name: _____ Employee Name: _____

Effective Date: _____ Today's Date: _____

TYPE OF CHANGE:

WAGE CHANGE:

Old Pay Rate: _____ New Pay Rate: _____

JOB TITLE CHANGE

Old Job Title: _____

New Job Title: _____

STATUS CHANGE

New status: Full-Time Part-Time Leave of Absence

REASON FOR CHANGE:

MERIT INCREASE RE-CLASSIFICATION PROMOTION

RE-HIRE TRANSFER DEMOTION

LEAVE OF ABSENCE:

FMLA MILITARY OTHER: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Management Signature: _____ Date: _____