

## EMPLOYEE CHANGE OR TERMINATION FORM

Company: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Effective Check Date: \_\_\_\_\_

EMPLOYEE INFORMATION CHANGE		
DATA	CURRENT	REVISED
Address	Street:	Street:
	City:                      St:      Zip:	City:                      St:      Zip:
Phone		
Status (FT/PT)		
Hourly Rate/Salary		
Title		
Dept/Location		
Work Comp Code		
Recurring Deductions		
Vacation/Sick Eligibility/Accrual		
Fed filing status (M/S) and # of exemptions		
Other		

TERMINATION	
Reason For Termination:	<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary
Date of Notice Given or Received:	Who Handled Termination:
Resignation Received in Writing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exit Interview Done <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last day worked:	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No
Final check instructions:	
If employee is involuntarily terminated in Texas, wages need to be paid within six days.	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

