



Howard Leasing, Inc.

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EMPLOYEE STATUS CHANGE FORM

Client Name: _____

Employee Name: _____

SSN: _____ Effective Date of Change: _____

In order to process a name change, please attach a copy of the updated social security card and/or a copy of the application for a new social security card. Federal government mandates that this be on file for all new changes.

Name Change: _____

Address Change: _____
Street City State/Zip

Telephone: () _____ - _____

Pay Change

New Pay Rate: _____

REASON FOR CHANGE

- Rehire
- Merit
- Adjustment

- Promotion
- Demotion
- Other _____

- Full Time to Part Time
- Part Time to Full Time

Authorized Signature: _____

Date: _____