

Please return completed form via Fax or Email to (888) 252-5217 or Payroll@ppstaffs.com

**Employee Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

## SECTION 1: Change of Name, Address, or Phone Number

**Old Information:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**New Information:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SECTION 2: Change of Pay Rate, Pay Type or Department

**Old Information:**       Full-Time     Part-Time

Pay Rate: \_\_\_\_\_

Pay Type: \_\_\_\_\_

Department: \_\_\_\_\_

Workers' Comp Code: \_\_\_\_\_

**New Information:**       Full-Time     Part-Time

Pay Rate: \_\_\_\_\_

Pay Type: \_\_\_\_\_

Department: \_\_\_\_\_

Workers' Comp Code: \_\_\_\_\_

## SECTION 3: Notice of Termination

**Term Effective Date:** \_\_\_\_\_ **Original Hire Date:** \_\_\_\_\_

**Reason for Termination:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Submitted by:

Print Name: \_\_\_\_\_

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

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

### Processed by:

Print Name: \_\_\_\_\_

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

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