

Employee Status Report

Form #3

Use this form for any changes to current employee's status

Company Name: _____ **Date:** _____

Please check appropriate box

Change Rehire Terminated

EMPLY CODE	LAST NAME	FIRST NAME	M. I.	TERMINED / REHIRE DATE
ADDRESS		CITY	STATE	ZIP
OTHER -EX: NAME CHANGE, FEDERAL OR STATE WITHHOLDING, INCREASE OR DECREASE SS# ETC.		PAY / SALARY RATE	MARITAL STATUS	W-4 ALLOWANCES

Please check appropriate box

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Comments: _____



Payroll & Employer Services

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