

Employee Change of Status Form

Scan and email completed form to HR@pinnaclepays.com



Employee Name:
Company Name:

Employee ID#:
Effective Date:

Employee Address or Name Change

New Address:

Name Change:* (old) (new)

***New Social Security Card required for name changes.**

Employee Status

Type of Change: Status Change Rehire (only within 60 days from termination)

Regular Full Time (30 or more hours)
 Regular Part Time (29 hours or less)
 Temp/ Seasonal (Short-Term)
 On Call/ Per Diem (As Needed)

Hours per Week:

Compensation Change

Type of Change: Merit Increase Promotion Other:
Current Pay Rate: \$ per hour per year
New Pay Rate: \$ per hour per year
 Exempt (Salaried) Non-exempt (Hourly)

(Must include updated Pay Rate Acknowledgement Form for any hospitality positions or a decrease in pay)

Status Change

Location Change (Transfer) **From** **to**
 Position Change **From** **to**
 Other:

Remarks:

Manager/ HR Name (Print)

Manager/ HR Signature

Date