



SIGNATURE

New Hire _____ Change _____
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Name: _____ SS# _____ - _____ - _____

Name Change: _____

ADDRESS CHANGE

New Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____

PAYROLL INFORMATION *(Please complete all items that have changed)*

Branch: _____ Worksite Employer: _____

Hire Date: _____

New/Change Pay Rate: \$ _____ Bill Rate: \$ _____

Position Description: _____

Single _____ Married _____ #Of Federal Exemptions _____ # Of State Exemptions _____

Assignment End Date: _____

Assignment End Reason: Check One

Assignment Completed _____

Accepted employment with current customer _____

Quality of work was below standards _____

No Call/No Show _____

Walked off assignment _____

Other: Please explain _____

Signature of Approving Authority

Date