



employers choice plus

Employee Action Form

Please complete and FAX to 513-755-6567 as soon as possible to ensure proper documentation.

Employer: _____
Employee Name: _____ SS#: _____

Change of Address, Phone, or Name

New Address is: _____ Effective Date: _____

New Phone is: _____
New Name: _____

Change of Status, Hours, or Pay Rate

Average Hours: _____ Effective Date: _____
Status: Full Time Part Time
Status: Hourly Salary
Pay Rate Change: Old Rate \$ _____ New Rate \$ _____ per
 Hour Week Bi-weekly Semi-Monthly Month

Change of Job

New Title: _____ Effective Date: _____
New Duties: _____
New Department: _____
New Location: _____
New BWC Code: _____

Rehire (Attach a new W-4 and I-9)

Pay Rate: (Fill out Change of Status Section Above) Effective Date: _____

Payroll Deduction

Type: _____ Effective Date: _____
Amount to Deduct Per Pay Period: \$ _____
Total Amount to be Deducted: \$ _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____