



## EMPLOYEE ACTION FORM

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

<b>Employee Name:</b> _____	<b>S.S. #</b> _____
<b>Company Name:</b> _____	

<b>Change of Address, Phone, or Name:</b>
New Address is: _____
New Phone Number is: (____) _____
_____
Name changed to: _____

<b>Change of Status, Hours, or Pay Rate:</b>
Effective Date: _____
Average Hours: _____
Full Time ____ or Part Time ____
Hourly _____ or Salary _____
Pay Rate Change      Old Rate \$ _____ New Rate \$ _____ per
Hour ____ Week ____ Bi-Week ____ Semi-Month ____ Month ____

<b>Change of Job:</b>
New Title: _____
New Duties: _____
New Department: _____
New Location: _____
New BWC code: _____

<b>Rehire:</b> ( <i>Attach a new W-4 and I-9</i> )
Date: _____
Pay Rate: ( <i>Fill out Change of Status Section Above.</i> )

<b>Payroll Deduction:</b>
Type: _____
Amount to Deduct Per Pay Period:      \$ _____
Total Amount to be Deducted:            \$ _____

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_