



Employee Data Change Form

1. TYPE OF ACTION REQUESTED Mark an "X" in each box that applies.	<input type="checkbox"/> Change in position/personal data (complete sections 2, 3, 4, &7)	<input type="checkbox"/> New Hire (complete sections 2&3)	<input type="checkbox"/> Separation (complete sections 2,3,4,&6)
	<input type="checkbox"/> Annual Review (complete sections 2,4, &7)	<input type="checkbox"/> Annual Review (Resume Attached)	<input type="checkbox"/> Promotion/ Adjustment. (complete sections 2,4, &7)
2. EMPLOYEE DATA Complete this section for all actions	Name (last, first, middle initial):		Employee ID.#:
	Address:		
	City, State, Zip Code:		Effective Date:
3. PERSONAL DATA Requires only employee signature in Section 8	Phone Number (w/ area code):		Emergency Contact (name, phone number):
	S.S.N:	D.O.B.	Marital Status:
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Spouse (if applicable):
4. POSITION DATA	Old Annual Salary (\$):	Old Semi/Hourly Rate: \$	Old Wage & Hour Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt
	Division:	New Annual Salary (\$):	New Wage & Hour Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt
Old Contract / Task#	New Contract / Task #	Clearance Level: <input type="checkbox"/> Other <input type="checkbox"/> Not Required <input type="checkbox"/> Secret <input type="checkbox"/> Confidential <input type="checkbox"/> TS	Supervisor Name/ Phone Number:
Knowledge Flow Title:	Old Billing Category/ Old Billing Rate:		New Billing Category/ New Billing Rate(\$):
Old Billing Category maximum Salary:		New Billing Category Maximum Salary(\$):	
5. SEPARATION	Effective Date:		Forwarding Address (if different from above):
	Reason for Separation:		List employees supervised below or on the back of this sheet:
6. COMMENTS			
7. APPLICABLE SIGNATURES			
Supervisor	Name: Signature:		Date: _____
Accounting/HR	Name: Signature:		Date: _____
Officer:	Name: Signature:		Date: _____

Copy to: Accounting, Date _____, Security, Date _____, Salary Letter, Date _____.