

# Employee Status Change Form

Employee Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

## General Information

Circle One:            Change                                  Correction                                  Addition  
*(Please include only information to be changed.)*

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Tax Information Change: Please attach new tax forms.**

Additional Comments or Other Changes: \_\_\_\_\_

Please initial below and give to the Business Office

Changes made in TalentSecure: \_\_\_\_\_

Changes made in Lawson: \_\_\_\_\_