



# Employee Update Form

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Emp # \_\_\_\_\_  
(Surge use only)

### CHECK ALL REASONS THAT APPLY

- |  |   |                                      |                                   |
|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Name Change                     | <input type="checkbox"/> Address Change | <input type="checkbox"/> Rate Change | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Re-Hire _____<br>(Re-Hire Date) | <input type="checkbox"/> LOA            | <input type="checkbox"/> Termination | <input type="checkbox"/> Benefits |

Name Change to: \_\_\_\_\_

Address Change to: \_\_\_\_\_

Phone Number Change to: \_\_\_\_\_

Previous Pay Rate: \_\_\_\_\_ Pay Rate Change to: \_\_\_\_\_ Effective Date of New Rate: \_\_\_\_\_  
(Note: If enrolled, disability insurance premium will change)

Status Change: \_\_\_\_\_ Hourly \_\_\_\_\_ Full-Time \_\_\_\_\_  
Salary \_\_\_\_\_ Part-Time \_\_\_\_\_

**Employee Initials:** \_\_\_\_\_

### CHECK LOA REASON

- Lack of Work Seasonal
- Lack of Work Short Term
- FMLA
- WC
- Medical
- Military
- \_\_\_\_\_ Expected return to work date
- \_\_\_\_\_ Last Date Worked
- \_\_\_\_\_ Termination Date
- \_\_\_\_\_ Benefit Cancellation Date (if applicable)

### CHECK TERMINATION REASON

#### \*\*\*\*\* Termination Summary \*\*\*\*\*

Please provide termination explanation in comments

- Quit – Voluntary
- Quit – Discrimination / Harassment Issue
- Quit – Change in Job Function
- Quit – Retirement / Death
- Discharge – Lack of Work – Permanent
- Discharge – Job Performance
- Discharge – With Cause – Misconduct
- Discharge - Attendance

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tech Initials \_\_\_\_\_  
Updated in Summit \_\_\_\_\_

Approved by Mgr: \_\_\_\_\_