



## EMPLOYEE STATUS REPORT/ PAYROLL UPDATE FORM

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

### Employee Information

Employee Name: \_\_\_\_\_ Current Status  
Rate: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Position: \_\_\_\_\_ Status (Circle )  
Full Time Part Time  
Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Seasonal

### Payroll

Reason for Change: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Status: \_\_\_\_\_

New Rate: \$ \_\_\_\_\_ New Salary: \$ \_\_\_\_\_

New/ Updated Deductions (Circle) Updated Federal Withholding Rate (W-4) New Rate: \$ \_\_\_\_\_

Health Insurance Premiums (Explain below)

Retirement Plan (Explain below)

Paid Time Off/ Vacation

Other (Explain below)

Explanation of Deduction Type (Retirement, insurance, etc.): \_\_\_\_\_

Deduction Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

### Signatures

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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