AmCheck
PAYROLL • HR • BENEFITS

Payroll/Status Change Notice

Company Name _____

Effective Date of Change ___/___/___ ❑ New Hire ❑ Change ❑ Termination

Employee Name _____
Last First Middle

Social Security # _____ Employee/Payroll# _____

New Hire Information

Address: _____
Street City State Zip Code

Telephone #: ( ) _____ Date of Birth (for administrative use only) ___/___/___

Status: ❑ Full-Time ❑ Part-Time ❑ Full-Time Temp ❑ Part-Time Temp ❑ Other _____

Job Title: _____ Pay Rate _____ ❑ Salaried ❑ Hourly

❑ Fed W-4 ❑ State W-4 ❑ I-9 ❑ Employee Notification ❑ Photo copy of state and federal ids

Change(s) for Current Employee (check the appropriate box and circle the applicable type)

TYPE	FROM	TO	COMMENTS
❑ Address Change			
❑ 401(k)/403(b) Contribution			
❑ Insurance Eligibility			
❑ Change of Insurance			
❑ Length of Service Increase			
❑ End of Introductory Period			
❑ Promotion/Demotion			
❑ Rehire			
❑ Resignation			
❑ Salary/Wage			
❑ Separation/Layoff			
❑ Shift Change			
❑ Transfer/Department Change			
❑ Union Scale			
❑ Other _____			

Leave of Absence Begin Leave ___/___/___ Return from Leave ___/___/___

❑ Educational ❑ Personal ❑ Family/Medical Leave (incl. Pregnancy)
❑ Short-Term Disability ❑ Long-Term Disability ❑ Other _____

Termination Separation Date ___/___/___ Last Day Worked ___/___/___ Last Day Paid ___/___/___

❑ Voluntary Separation ❑ Involuntary Separation

Additional Comments: _____

Employee Signature (Optional) _____ Date _____
Name & Title

Supervisor/Designated Manager Signature _____ Date _____
Name & Title

Payroll Manager Signature _____ Date _____
Name & Title

AMCHECK INTERNAL USE ONLY

Routing ❑ Payroll ❑ Human Resources ❑ Benefits ❑ Worker's Compensation

File ❑ Employee ❑ Client

Complete form and Fax or Scan and email directly to your AmCheck Representative. Need Help? Call (888) AMCHECK.