



## Town of Merrimac Employee Change of Status Form

Employee name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employee address: \_\_\_\_\_

Employee phone: \_\_\_\_\_ Email \_\_\_\_\_

Effective date: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Instructions: Check the appropriate box and fill in the information below.**

Initial Hire       Promotion       Shift Change       Termination

Benefit change       Wage change       Payroll deduction       Classification/status

Address change       Phone change       Email change       Other:

### EMPLOYMENT CHANGES

New job title: \_\_\_\_\_

New classification:     Full-time     Part-time

New wage rate: \_\_\_\_\_     Shift Change: \_\_\_\_\_

New manager/department: \_\_\_\_\_

Instructions: \_\_\_\_\_

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**BENEFIT CHANGES**

Benefits affected:  Medical  Dental  Retirement  Tax  Direct Deposit

Life Insurance

Instructions:

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**Signatures: (Employee signature is necessary only if a payroll deduction is required. Supervisor signature necessary in all cases.)**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Employee (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Human Resources:**

Changes completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll updated by: \_\_\_\_\_ Date: \_\_\_\_\_