



Assigned Employee Change Form

SOI
Only

Client Number

Pay Specialist

Date Entered

Client Number

Client Name

Effective Date of Change

(If no date given, will be dated on receipt)

Employee Name

Employee SSN

PERSONAL AND CONFIDENTIAL

FAX: 704 426-1125 PHONE 800-572-2412

Please Route to Payroll Specialist

	Change	From	To
1	Address	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
2	Name Clear copy of SS card Required	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
3	Job Title	<div></div>	<div></div>
4	SSN Clear copy of SS card Required	<div></div>	<div></div>
5	Department/ Location	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
6	Marital Status New W-4 form required for change in tax status	<div><div>Married</div><div>Widowec</div><div>Divorce</div><div>Separatec</div><div>Single</div></div>	<div><div>Married</div><div>Widowec</div><div>Divorce</div><div>Separatec</div><div>Single</div></div>

	Change	From	To
7	Employment Categories	<input type="radio"/> Full Time <input type="radio"/> Part Tim <input type="radio"/> Seasonal <input type="radio"/> Temporar	<input type="radio"/> Full Time <input type="radio"/> Part Tim <input type="radio"/> Seasonal <input type="radio"/> Temporar
		<input type="radio"/> Hourly <input type="radio"/> Salary NE <input type="radio"/> Salary Exempt <input type="radio"/> Commissions <input type="radio"/> Piece Work	<input type="radio"/> Hourly <input type="radio"/> Salary NE <input type="radio"/> Salary Exempt <input type="radio"/> Commissions <input type="radio"/> Piece Work
		<input type="text"/>	<input type="text"/>
8	Pay Rate Changes	<input type="text"/>	<input type="text"/>
		<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Semi-Monthly <input type="radio"/> Monthly	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Semi-Monthly <input type="radio"/> Monthly
9	Leave of Absence	<input type="radio"/> Medical Employee <input type="radio"/> Medical Family <input type="radio"/> Adoption/Birth of Child <input type="radio"/> Personal <input type="radio"/> Military <input type="radio"/> Worker's Compensation <input type="radio"/> Paid <input type="radio"/> Unpaid	<input type="text"/> <input type="text"/> <input type="text"/>
10	Insurance & Employee Type Changes	Please contact the SOI Benefits Department for any changes.	

Clear Form

Save Form

Submit Form Data

Print Form