

This form must be received by Human Resources prior to the end of the pay period in which the change is to take effect. Email completed form to: hr@ivylanecorp.com

EMPLOYEE CHANGES FORM

Service Center Number: _____

Effective Date of Change: _____ (must be dated the Thursday of the next pay week)

Co-employee Last Name: _____ First Name: _____

COMPLETE ONLY THE INFORMATION THAT HAS CHANGED

☐ Name Change: From: _____ To: _____

☐ Status Change: Full-time to Part-time Part-time to Full-time

Reason: _____

☐ Transfer: From: _____ To: _____

☐ Pay Rate Change: New Pay Rate: \$ _____ Per: Hour Year

New Job Title: _____

Reason: _____

☐ Address Change: New Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ County: _____

☐ Employment Termination: Last Day Worked: _____ Type: Voluntary Involuntary

Reason: _____

Notice Given? Yes No Eligible for Rehire? Yes No

If no, why? _____

Authorized By:

Name: _____ Date: _____

Signature: _____

Employee Signature: _____

FOR INTERNAL USE ONLY:

ADP Updated: _____ Benefits Updated: _____ PerMar Notified: _____

Email Deleted: _____ POS Updated (password, name on invoice) _____

Paradox Updated: _____ Cintas Notified: _____