



Employer Information

Client Company: _____ Client #: _____

Employee Information

Employee Name: _____

Social Security #: _____

Type of Change

Mailing Address/Phone Number	Name
Rate of Pay	Leave of Absence
Workers' Compensation Classification	FMLA

Mailing Address / Phone

Street Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Rate of Pay

New Rate of Pay: \$ _____ Hourly

Effective Date: _____ Salary

Workers' Compensation Classification

New Code Number: _____

Job Description: _____

Name

Original Name: _____

New Legal Name: _____

Please print name as it appears on your Social Security Card

Leave of Absence/FMLA

Last Day Worked: _____ Estimated Return Date: _____

Reason for Leave: _____

*If leave is covered under FMLA, CLIENT must retain proper documentation
Please contact us if you need further information*

Signatures

Employee Signature (if applicable): _____ Date: _____

Supervisor Signature: _____ Date: _____

Prosperity PEO Use Only

Received by: _____ Processed by: _____

Date: _____ Date: _____