



SELECTIVE
HR Solutions

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Employee Change Form

Please submit this form on an employee's rehire date, or for employee changes. For changes, you need only complete name, social security #, and the information changed. (This form is not to be used for new hires or terminations)

- Rehire** (SHRS must receive new tax forms for changes to tax filing status)
- Pay/Position** (SHRS must receive a W-4 for changes to FIT filing status)
- Change of Personal Information** (address, telephone, email, name, etc.)

NOTE: Name changes can be made only with copy of marriage license or other legal document

Employee name: _____ S.S. #: _____

Previous name (if changed): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ e-mail: _____

Date of rehire: _____

Job description/position: _____

Part time Full time

Pay type: Salaried Exempt Non-exempt Hourly Commissioned

Current pay rate: _____ New rate: _____ Effective: _____

New workers' compensation code (if applicable): _____

New cost/job code (if applicable): _____

Employee Signature: _____ Date: _____

Client Company: Jimco Maintenance

From: _____ Date: _____

AUTHORIZED REPRESENTATIVE ONLY

If faxing this form, the original does not need to follow.