



# Galactic Employer Services

In Birmingham: 322-2220 / Fax: 322-1118  
Toll-Free: (800) 589-4015 / FAX: (877) 476-1118

Name of Client Company \_\_\_\_\_

**\*Please Print in Dark Ink**

## Employee Change Form

Store Location \_\_\_\_\_

Employee Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name and/or Address Change: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department \_\_\_\_\_ Salary Grade \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Exempt     |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Non-exempt |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Other      |

### Employment

- New Hire                       Reinstatement  
 Rehire                               Other: \_\_\_\_\_

### Termination

- Resignation                       Layoff  
 Quit Without Notice               Other: \_\_\_\_\_  
 Discharged - Please provide additional information under comments.

### Status Change

- |   |       |       |
|---|-------|-------|
|   | From: | To:   |
| <input type="checkbox"/> Salary           | _____ | _____ |
| <input type="checkbox"/> Leave of Absence | _____ | _____ |
| <input type="checkbox"/> Insurance        | _____ | _____ |
| <input type="checkbox"/> Other:           | _____ | _____ |

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Mark "X" for action taken.

- A/D from payroll worksheet \_\_\_\_\_  
 A/D from/to health plan \_\_\_\_\_  
 A/D from/to dental plan \_\_\_\_\_  
 Employee Record Updated \_\_\_\_\_  
 COBRA letter \_\_\_\_\_  
 Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_