

# EMPLOYEE FILE MANAGEMENT UPDATE FORM

Client Name	Department/Division	Effective Date
Employee Name	Social Security Number	Today's Date

SECTION A	
<b>WAGE CHANGE:</b>	
<input type="checkbox"/> HOURLY: \$ _____ PER HOUR <input type="checkbox"/> SALARY: \$ _____ PER YEAR	<div style="border: 1px solid black; padding: 10px; display: inline-block; transform: rotate(-15deg);"> <i>Please enter new pay rate here.</i> </div>
<b>JOB TITLE CHANGE:</b>	
NEW TITLE: _____	
<b>STATUS CHANGE:</b>	
<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> LEAVE OF ABSENCE - <i>Please complete Section C</i>	<input type="checkbox"/> TEMPORARY PART-TIME <input type="checkbox"/> TEMPORARY FULL-TIME
<b>TRANSFER TO:</b>	
DIVISION / DEPARTMENT: _____	
<b>WORKERS' COMPENSATION CLASSIFICATION CODE:</b>	
FROM: _____	TO: _____

SECTION B	
<b>REASON FOR CHANGE:</b>	
<input type="checkbox"/> Length of Service Increase <input type="checkbox"/> Merit Increase <input type="checkbox"/> Promotion	<input type="checkbox"/> Re-Classification <input type="checkbox"/> Re-Hired <input type="checkbox"/> Transferred <input type="checkbox"/> Other: _____

SECTION C	
<b>LEAVE OF ABSENCE:</b>	
<input type="checkbox"/> FMLA <input type="checkbox"/> MILITARY <input type="checkbox"/> SICKNESS/ACCIDENT (Other than FMLA) <input type="checkbox"/> OTHER: _____	EXPECTED RETURN DATE: _____

COMMENTS:

<b>AUTHORIZED SIGNATURE</b> _____ <b>DATE</b> _____
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**PLEASE FAX COMPLETED FORM TO THE MBA PAYROLL DEPARTMENT  
727.563.1502 or 1.866.896.2528**