



COMPASS-i, LLC

Company Name: _____

Date: _____

EMPLOYEE STATUS CHANGE

Employment Changes			
New Hire: <input type="checkbox"/>	Job Title: _____	Department: _____	
Rehire: <input type="checkbox"/>	Job Title: _____	Department: _____	
Temporary: <input type="checkbox"/>	Start Date: _____	End Date: _____	Department: _____
Last Date at Work: _____	Termination: _____	Resignation: _____	Final Check: Live: <input type="checkbox"/> DD: <input type="checkbox"/>
Classification: _____	Exempt: <input type="checkbox"/>	Non-Exempt: <input type="checkbox"/>	
Payroll Status: _____	Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Temporary: <input type="checkbox"/>
	Salary: <input type="checkbox"/>	Hourly: <input type="checkbox"/>	Piece Work: <input type="checkbox"/>
	Active: <input type="checkbox"/>	Inactive: <input type="checkbox"/>	Independent <input type="checkbox"/>
			Contractor: _____

EMPLOYEE INFORMATION

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/ Unit #
City State ZIP Code

Home Phone: () - Cell Phone: () -

Email Address: _____ Social Security Number: _____

Birth Date: _____ Marital Status: Single Married Married, but withhold at a single rate

Federal Exemptions: _____ Exempt from withholding: (write/type exempt) _____

AZ Withholding: 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% Additional: \$ _____
(o) (a) (b) (c) (d) (e) (f)

Job Information

Supervisor: _____ Employee ID: _____

Hourly Rate: \$ _____ Salary: \$ _____

Emergency Contact Information

Full Name: _____
Last First M.I.
Address: _____
Street Address Apartment/ Unit #

City State ZIP Code
Phone: () - Alternate Phone: () -
Relationship: _____

Classification Changes

<u>Change</u>	<u>Old Information/ Remove</u>	<u>New Information Add</u>
Transfer: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Promotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Demotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Title: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Shift: <input type="checkbox"/>	Shift: _____	Shift: _____
Location: <input type="checkbox"/>	Location: _____	Location: _____
Salary: <input type="checkbox"/>	Salary: _____	Salary: _____
Benefit: <input type="checkbox"/>	Benefit: _____	Benefit: _____
Tax: <input type="checkbox"/>	Tax: _____	Tax: _____

Other Changes:

Notice of COBRA rights? _____ Date Provided: _____
Election of COBRA? _____ Date Started: _____

Additional Compensation/ Benefits Information

Please List Any Additional Changes in Compensation or Benefits:

Please List Any Other Changes Not Listed Above:

Verification of Changes

Approved By: _____
Signature: _____ Date: _____