**Employee Change Form**

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| --- | --- |
| **Employee Name:** | **Client Company:** |
| **Last 4 of Social Security Number:** | **Employee Number:** |
| **Effective Date:** |  |

### PERSONNEL / PAYROLL CHANGE

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Taken:** |  | **FROM** | **TO** |
|  | Position / Title Change |  |  |
|  | Leave of Absence |  |  |
|  | Address/Phone Change – Complete Below |  |  |
|  | Pay Change |  |  |
|  | Separation – Complete Below |  |  |
|  | Workers’ Compensation Code |  |  |
|  | Employee Status (Full-time, Part-time) |  |  |
|  | Department Change |  |  |
|  | Other Action |  |  |
| **Additional Comments:** | | | |
|  | | | |
|  | | | |
| **Address/Phone Change:** | | | |
|  | | | |

**TERMINATION OF EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Day Worked:** | | | **Employee Was:**  Full-time  Part-time  Temporary  Other | |
| **Check One:**  Voluntary  Involuntary | | |  | |
| **Was termination conducted in cooperation with your (or another) Xenium Business Partner?**  Yes  No **If yes, with whom did you collaborate?** | | | | |
| Termination Reason | **Termination Reason** | Termination Reason | | **Termination Reason** |
| Resignation – Other Position | Violation of Company Policy-See File | Staff Reduction | | Terminated-Continue Commission Pay |
| Resignation | Unsatisfactory Performance | Employee not worked in 60 days | | Mutual Agreement to Separate |
| Returned to School | Attendance | Leave of Absence | | Retired |
| Elimination of Position | Reduction In Force | Temporary Assignment | | Death |
| Job Abandonment | Lay-Off | Transfer | | Other |
| Misconduct |  |  | |  |
| **Additional Comments:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

##### SIGNATURES

|  |  |  |
| --- | --- | --- |
| **Employee Signature** | **Client Representative Signature** | **Xenium Representative Signature** |
|  |  |  |
| Date: | Date: | Date: |