



# Employee Change Form

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Promotion/Demotion: \_\_\_\_\_ to \_\_\_\_\_

Department Change: \_\_\_\_\_ to \_\_\_\_\_

WC Code Change: \_\_\_\_\_ to \_\_\_\_\_

Change of Address (New): \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

I hereby authorize Convergence Employee Leasing, Inc. to make the above change(s) from my pay in accordance with the accompanying outlined terms. I understand and agree this change will commence on my next pay check unless otherwise specified by the client company in which I work for.

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Employee Signature Date