

Please return completed form via Fax or Email to **480.993.2653** or **Payroll@Vensure.com**

Employee Name: _____ **SSN:** _____

Client Name: _____ **Effective Date:** _____

SECTION 1: Change of Name, Address, or Phone Number

Old Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

New Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

SECTION 2: Change of Pay Rate, Pay Type or Department

Old Information: Full-Time Part-Time

Pay Rate: _____

Pay Type: _____

Department: _____

Workers' Comp Code: _____

New Information: Full-Time Part-Time

Pay Rate: _____

Pay Type: _____

Department: _____

Workers' Comp Code: _____

SECTION 3: Notice of Termination

Term Effective Date: _____ **Original Hire Date:** _____**Reason for Termination:** _____

Submitted by:

Print Name: _____

Signature: _____

Date: _____

Processed by:

Print Name: _____

Signature: _____

Date: _____