

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: \_\_\_\_\_