

FIRST FINANCIAL

EMPLOYEE LEASING, INC.

Employee
Information Change

Employer Information

Client Number:

Client Name:

Employee Information

Employee Name:

Social Security Number:

Type of Change

Mailing Address/Phone Number

Name

Rate of Pay

Leave of Absence

Workers' Compensation Classification

FMLA

Mailing Address/Phone

Street Address:

Unit/Apt:

City:

State:

Zip Code:

Phone: () -

Rate of Pay

New Rate of Pay: \$ _____

Hourly

Effective Date: / /

Salary

Workers' Compensation Classification

New Code Number:

Job Description:

Name

Original Name:

New Legal Name:

Please print name as it appears on your Social Security Card

Leave of Absence/FMLA

Last Day Worked: / /

Estimated Return Date: / /

Reason For Leave:

*If leave is covered under FMLA, **CLIENT** must retain proper documentation.
Please contact the Human Resources Department for further information.*

Employee Signature (if applicable) _____ Date _____

Supervisor Signature _____ Date _____

FFEL USE ONLY

Received by:

Processed by:

Date:

Date: