



CHANGE OF EMPLOYMENT STATUS OR PAY INFORMATION

To client: Please complete this form including employee's name, client company information, and information related to the change you are requesting. Changes may not be processed unless completed by an authorized manager of the client company and **signed by the employee**.

EFFECTIVE DATE	CLIENT COMPANY	COMPLETED BY
TYPE OF CHANGE	<input type="checkbox"/> PAY RATE to:	
	<input type="checkbox"/> JOB DUTIES to:	
	<input type="checkbox"/> HIRING TEMP TO HIRE	
	<input type="checkbox"/> SUBSTANTIAL REDUCTION IN HOURS (reason and expected duration):	
	<input type="checkbox"/> RELEASING/ENDING ASSIGNMENT (please detail reason below):	

EMPLOYEE INFORMATION

EMPLOYEE NAME:	
SSN:	

CLIENT COMMENTS

Notice to Client: By submitting this form, you are authorizing us to make the requested changes to pay rate, which will affect your company's bill rate for the named Focus1 employee. Please note that any change in duties that necessitate a change in workers' compensation code/classification must be submitted in writing prior to the change, and may result in a change in bill rate depending on the new workers' compensation code and/or your company's agreement with Focus1.

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EMPLOYEE COMMENTS Comentarios del empleado

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Notice to the employee: If your assignment is ending or your hours have been substantially reduced, you may contact Focus1's availability line at (361) 883-7300 24 hours a day, 7 days a week to notify us of your availability for additional assignment. Failure to do so within 72 hours may affect your eligibility for unemployment benefits. **I have been given a the opportunity to have a copy of this document if requested and may call Focus1 at (361) 883-7300 to request another copy.** Una copia de esta información está disponible en español a petición.

Employee Signature / Date:		
Client Signature / Date:		