



# NEW HIRE & EMPLOYEE CHANGE FORM

RETURN COMPLETED FORMS TO FRONTEER PROFESSIONAL SERVICES.  
FAX NUMBER: (701) 258-1011 OR EMAIL: [CUSTOMERSERVICE@FPSPAYROLL.COM](mailto:CUSTOMERSERVICE@FPSPAYROLL.COM)

NEW HIRE                      ADDRESS CHANGE                      RAISE                      STATUS CHANGE  
  
NAME CHANGE                      TERMINATION                      OTHER \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

OLD RATE OF PAY: \_\_\_\_\_ NEW RATE OF PAY: \_\_\_\_\_

FULL TIME (*30+ hours per week*)                      PART TIME W/BENEFITS (*<30 hours per week*)  
PART TIME W/O BENEFITS (*<30 hours per week*)                      VARIABLE  
TEMPORARY FULL TIME                      TEMPORARY PART TIME                      SEASONAL

NOTES/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TERMINATION

DATE OF TERMINATION \_\_\_\_\_ REASON: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_