

Use this form communicate to CLN any of the following: to adjust an hourly pay wage; to change an employee's address; to confirm the termination of employment of an employee; or to make a name change for your employee.

Fax: 734-482-3894; email: timesheets@communityalliance.com ; or drop-off/mail to 301 W. Michigan Avenue, Ste, 102, Ypsilanti, MI 48197.

Change in Employee Status

_____, the employee of _____
(Employee name) (Employer name)

- This is a Wage Adjustment: From _____ to _____ / hour
Effective Date: _____

- This is an: Address Change _____

- This is a: Termination Last day of work: _____
Reason for Termination _____

- This is a: Name Change _____ **include copy of ID with name change**

This form must be signed and must be dated.

Employer (Print): _____ Signature _____
Date: _____