

Self Directed FMS Employee Change Form

Employee Name: _____

Employer Name: _____

Please complete only the sections that apply:

Change of Name

A copy of documentation showing the name change is required (ex. Marriage license, etc.).

New Name: _____

Change of Address

New Address: _____

Change of Position

Current Position Code: _____

New Position Code: _____

Effective Date: _____

Change of Hourly Rate

Current Hourly Rate: ___ per hour New Hourly Rate:

_____ per hour Effective Date: _____

Other

Please provide a detailed explanation of the change you wish to make. We will be in contact if any other information is required.

Employee Signature: _____ Date: _____

Employer /SB Signature: _____ Date: _____