



# Change In Status Form



Store # na Date \_\_\_\_\_ Division # N/A  
 First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Status Changes			
Hire Status		Rate Change	
		New Rate	
Pay Rate		Effective Date	
		Old Position Code	Job Change Position Code
		New Position Code	Position Code
			Transfer
			From Store #
			To Store #
Employee Performance Documentation			
Performance	Documented Verbal Warning Date	Written Warning Date	Final Warning/Termination Date
Performance Rating			
Disciplinary Action			
Progressive Discipline Code			
Employee's Signature		Supervisor's Signature	

Tax Reporting		
Form <b>W4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2008</b>
1 Type or print your first name and middle initial. <u>,</u>	Last name <u>0</u>	2 Your social security number <u>000   00   0000</u>
Home address (number and street or rural route) <u>0</u>	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate. <u>0</u> Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
City or town, state, and ZIP code <u>0</u> <u>0</u> <u>0</u>	5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <u>5</u>	
6 Additional amount, if any, you want withheld from each paycheck. . . . .		6 \$ <u></u>
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. -- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and -- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . <input type="checkbox"/>		7 <u></u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.)		Date <b>January 0, 1900</b>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)