Insperity
HR that Makes a Difference™

Completion Instructions
- Complete all fields in the Employee Information section and make any changes to applicable sections.
- Submit the completed form to your Insperity payroll specialist.

Employee Information *(Complete all fields.)*

First Name	MI	Last Name	Insperity Employee ID No.	Last 4 Digits of Social Security No.
ANGELA		GIACCHETTI	3490506	**OR**

Effective Date of Change (mm/dd/yyyy)	Client Company Name	Client Number
01/01/2023	OPEN MOBILITY FOUNDATION	4576200

Job Description Change/Transfer *(Enter changes and new information only.)*

New Job Category
- ☐ Executive/Senior Level Official and Manager
- ☐ First/Mid-Level Official and Manager
- ☐ Professional
- ☐ Technician
- ☐ Sales Worker
- ☐ Administrative Support Worker
- ☐ Craft Worker
- ☐ Operative
- ☐ Laborer and Help
- ☐ Service Worker

New Job Title	New Job Function *(if different from job title)*

New Benefits Class	New Billing Group	New Workers' Comp Code

New Department Code (alpha and/or numeric)	New Location Code (alpha and/or numeric)	New Supervisor

Physical Address	Street Address	City	County	State	ZIP	Insperity Use Only	Address Code
Worksite* where employee works							
	Worksite Location is (check one): ☐ Actual Client Location ☐ Offsite Location ☐ Employees Home						

*For multi-state worker, complete State Unemployment Add/Change form.

Physical Address	Street Address	City	County	State	ZIP		Address Code
Check Delivery where employee's check is delivered							
Reporting where employee's supervisor is located							

Print Supervisor Name

Employee Work Email Address	Work Phone Number	Ext.

Change Client Number From To	Work Fax Number	Work Cell Number

Change Insperity Hire Date (mm/dd/yyyy) From To	Change Client Original Hire Date (mm/dd/yyyy) From To

Job Costing

Split 1	Split 2	Split 3	Split 4	Split 5

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Employee Full Name	ANGELA GIACCHETTI(3490506)		Effective Date	01/01/2023

Pay Rate Change/Classification *(Enter changes only)* Employee signature required for pay reduction and/or changes from nonexempt to exempt.

☒ Pay Rate Increase*	From: 112,350.00	☐ Hourly ☒ Salary ☐ *Pieces _____ ☐ *Miles $_____ ☐ *Days $_____	To: 123,585.00	☐ Hourly ☒ Salary ☐ *Pieces _____ ☐ *Miles $_____ ☐ *Days $_____	☐ This Employee supervises others.
☐ Pay Reduction**	From:	☐ Hourly ☐ Salary ☐ *Pieces _____ ☐ *Miles $_____ ☐ *Days $_____	To:	☐ Hourly ☐ Salary ☐ *Pieces _____ ☐ *Miles $_____ ☐ *Days $_____	☐ This Employee no longer supervises others.

*Only specific job functions can be paid by this earnings code. Contact your payroll specialist for further details.

Other:

☐ Car Allowance $_____	☐ Pay Period ☐ Monthly ☐ Quarterly ☐ Annually
☒ Fringe $ $50.00 Type Phone/Internet	☒ Pay Period ☐ Monthly ☐ Quarterly ☐ Annually
(Example: GTL, personal use of company car, etc.)	
☐ Minister Housing $_____	☐ Pay Period ☐ Monthly ☐ Quarterly ☐ Annually

Classification Change **TO**	Is this Employee Commission? ☐ Yes ☐ No
☐ Full-Time ☐ Part-Time ☐ Seasonal	Is this Employee Temporary? ☐ Yes ☐ No
Default Hours Per Week _____	If **Yes**, Enter Temp End Date (mm/dd/yyyy) _____

☐ Exemption Change	Is this employee exempt from overtime payment? ☐ Yes ☐ No
	If "Yes," the FLSA Test for Exemption for this position should be completed, signed by the employee and onsite supervisor, and submitted to your Insperity payroll specialist.

Paid Time Off (PTO) *(PTO, Sick, Vacation)*

Does Insperity track your PTO? ☐ Yes ☐ No	If **Yes**, what is the Employee's PTO Effective Date? (mm/dd/yyyy) _____ **Note:** Effective date does not have to match date of hire.
Are you a TimeStar Client? ☐ Yes ☐ No	

By signing below, I acknowledge that this is not a deferral of wages and I have not been promised that any reduction in wages reflected herein will be made up or paid at a later date. I also understand that a reduction in my wages will result in a reduction in benefits for any applicable life insurance, short-term/long-term disability, workers' compensation and other benefit which is based on my wages/salary.

**For a reduction in pay, this form must be signed and dated by the employee on or before the effective date of change.

Sign And Date Form

Employee First Name ANGELA	MI	Last Name GIACCHETTI	Insperity Employee ID No. 3490506	Last 4 Digits of Social Security No. OR
Employee Signature		Date Employee Signed (mm/dd/yyyy)		*For a payroll contact and/or onsite supervisor pay increase or reduction, the client owner signature is required.
Payroll Contact/Onsite Supervisor Signature		Payroll Contact Printed Name Catherine Mayo	Date Signed (mm/dd/yyyy) 01/04/2023	
Client Owner Signature		Client Owner Printed Name Scott McGrath	Date Signed (mm/dd/yyyy) 01/04/2023	

****** COMPLETED BY PAYROLL SERVICES ******

Entered By	Date Entered (mm/dd/yyyy)

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