

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 Informa	tion (Complete a	II field	ls.)											
First Name	MI			Last Name			Inspe ID No		ty Employee			Last 4 Digits of Social Security No.		
ANDREW	EW G				GLASS HASTINGS				3970142			OR		
Effective Date of Change (mm/dd/yyyy)			Client Company Name								Client Number			
01/01/2023				MOBILITY FO	UNDATION			45762			200			
Job Description Ch	ange/Transfer (E	nter o	change	es and new	ı informatio	on 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 300 Fulletion (if different from 300 tale)														
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 Add	ress		Ci	ty	Coun		у	State 2		ZIP		Address Code	
Worksite* where employee												→ viuo		
works	Worksite Location	is (che	ck one):	: Actual (Client Locatio	n 🗆 O	ffsite L	ocation	Emplo	yees H	lome	se O		
*For multi-state worke	r, complete State Un	emplo	yment /	Add/Change f	form.							2		
Check Delivery where employee's check is delivered												Insperity Use		
Reporting where employee's supervisor is located												→		
Print Supervisor Name														
Employee Work Email Address				Wo				k 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 3			Split 4				Split 5				
										-				
										-				
										+				
										+				
										+				
										+				
										1				





Employee Full Name ANDREW GLASS HASTINGS(3970142) Effective Date (1/01/2023			
Pay Rate Change/Classification (Enter changes only) Employee signature required for pay reduction and/or changes from nonexempt to exempt.											
☑ Pay Rate Increase*	From:				To:		s : \$	☐ This Employee supervises others.			
☐ Pay Reduction**	From:		ry ces es \$		Го:	☐ Hourly☐ Salary☐ *Piece☐ *Miles☐ *Days	s : \$	☐ 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 \$ Fringe \$\$50.00 (Example: GTL, personal	.)	☐ Pay Period ☐ Monthly **E Pay Period ☐ Monthly ☐ Pay Period ☐ Monthly			☐ Quarterly	☐ Annually ☐ Annually ☐ Annually					
☐ Minister Housing \$ Classification Change TO ☐ Full-Time ☐ Part-Tin Default Hours Per Week		☐ Pay Period ☐ Monthly ☐ Quarterly ☐ Annually Is this Employee Commission? ☐ Yes ☐ No Is this Employee Temporary? ☐ Yes ☐ No 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) (PT	TO, Sick, Vac	ation)									
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		<u> </u>			<u> </u>						
Employee First Name N		MI La	ast Name				Insperity Employee ID No.	Last 4 Digits of Social Security No.			
			LASS HASTINGS				3970142	OR			
Employee Signature	Date Employee Signed (mm/dd/yyyy)					*For a payroll contact and/or					
Payroll Contact/Onsite Super					Date Signed (mm/dd/yyy	onsite supervisor pay increase or reduction, the client owner					
Client Owner Signature			Client Owner Printed Name Scott McGrath				Date Signed (mm/dd/yyy				
Scott McGrath 01/04/2023 ****** ***** ***** ****** *******											
Entered By			CWII LLIED I	JI I'AI		ntered (mm/d	dd/yyyy)				