

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 Na	ame				Insperity Employee ID No.		ee	Last 4 Digits of Social Security No.		
MICHAEL			SCHNUERLE 3447				34470:						
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 Administrative Support Worker Cra New Job Title				-						Sales Worker vice Worker			
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 Supe					pervisor	ervisor			
Physical Address	Street Add	ress	Ci		ty	Co		ty State		ZIP		Address Code	
Worksite* where employee works	Worksite Location	is (che	ck one)	: 🗌 Actual	Client Locatio	n 🗆 C)ffsite L	ocation	□ Employees Home				
*For multi-state worke	1									,		ň ^	
Check Delivery where employee's check is delivered		·											
Reporting where employee's supervisor is located		→						→					
Print Supervisor Name													
Employee Work Email Address Work Phon							k Phone N	one Number		Ext.			
Change Client Number Work Fax Number Work Cell Number													
From Change Insperity Hire D	To Date (mm/dd/yyyy)				Change Clie	nt Origii	nal Hire	Date (mr	n/dd/yyy	y)			
From	То				From				То				
Job Costing										1			
Split 1	Split 1 Split 2				Split 3		Split 4		Split 5		plit 5		
										1			
<u> </u>				_									



Employee Change Of Status (Employment Information)

Employee Full Name MICHAEL SCHNUERLE(3447010) 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: 128,400.00	🗌 *Mile	es		To: 141,240.00	Hou Sala +Pie +Mil +Da	ry ces les \$] This Employee pervises others.	
Pay Reduction**	From:	om: Hourly Salary *Pieces *Miles \$ *Days \$			То:	Sala Sala *Pie *Mi	☐ 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			ly 🗌 Quarterly] Annually			
	∑ Fringe \$ \$50.00 Type Pager					X Pay Period Monthly] Annually	
☑ Fringe \$_\$50.00 Type Pager ☑ Example: GTL, personal use of company car, etc.) ☑ Fringe \$_\$50.00 □ Monthly □ Quarterly □ Annually										
☐ Minister Housing \$ Annually										
Classification Change TO Full-Time Part-Tir Default Hours Per Week	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 e	nplovee e	exempt from ov	vertim	e payment?	🗌 Yes	🗌 No			
							ompleted, signed by th	ne em	ployee 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)										
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		st be sig	neu anu uate	ubyt	ne employe		elore the effective	uate	or change.	
						Insperity Employee ID No.		Last 4 Digits of Social Security No.		
MICHAEL			CHNUERLE				3447010	3447010 OR		
Employee Signature	Date Employee Signed (mm/dd/yyyy)									
							*For a payroll contact and/or			
Payroll Contact/Onsite Super				Date Signed (mm/dd/yyyy)		onsite supervisor pay increase or reduction. the				
	Catherine Ma	-			01/04/2023		client owner			
Client Owner Signature			Client Owner				Date Signed (mm/dd/yyyy)		signature is required.	
Scott McGrath 01/04/2023 ****** COMPLETED BY PAYROLL SERVICES *****										
Entered By Date Entered (mm/dd/yyyy)										
							n/uu/yyyy)			