



# Personnel Change Form

Fax to Terra Firma, attention: \_\_\_\_\_

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[www.terrafirmapeo.com](http://www.terrafirmapeo.com)

Today's Date: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Work-Site Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CHANGE DATA:

From

To

Position: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Status:  P/T  F/T

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

## REASON(S) FOR CHANGE(S):

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> New Hire                          | <input type="checkbox"/> Transfer                              | <input type="checkbox"/> Rehire   |
| <input type="checkbox"/> Merit Increase                    | <input type="checkbox"/> Promotion                             | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Leave of Absence (Including FMLA) | <input type="checkbox"/> Suspension (Attach Disciplinary Data) |                                   |
| <input type="checkbox"/> Other _____                       |  |                                   |

Timeframe of Leave of Absence - From: \_\_\_\_\_ To: \_\_\_\_\_.

LOA form completed (date): \_\_\_\_\_

Work-Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Terra Firma Use: Payroll \_\_\_\_\_ Benefits \_\_\_\_\_ HR \_\_\_\_\_