





**EMPLOYEE CHANGE OF STATUS  
(EMPLOYMENT INFORMATION)**

First Name <i>Natasha</i>	Middle Name	Last Name <i>Chilton</i>	Employee ID No. <i>7858</i>	OR	Last 4 Digits of Social Security No.
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**PAY RATE CHANGE/CLASSIFICATION** - Enter changes only. Employee signature required for pay reduction and/or changes from nonexempt to exempt.

<input checked="" type="checkbox"/> Pay Rate Increase*	From: <i>\$14</i>	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	To: <i>\$38,910</i>	<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	<input type="checkbox"/> This Employee supervises others.  <input checked="" type="checkbox"/> This Employee no longer supervises others.
<input type="checkbox"/> Pay Reduction**	From:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	To:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> *Pieces _____ <input type="checkbox"/> *Miles \$ _____ <input type="checkbox"/> *Days \$ _____	<input type="checkbox"/> This Employee supervises others.  <input checked="" type="checkbox"/> 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:

<input type="checkbox"/> Car Allowance \$ _____	<input type="checkbox"/> Pay Period	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
<input type="checkbox"/> Fringe \$ _____ Type _____	<input type="checkbox"/> Pay Period	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
(Example: GTL, personal use of company car, etc.)				
<input type="checkbox"/> Minister Housing \$ _____	<input type="checkbox"/> Pay Period	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually

Classification Change TO

Full-Time  
  Part-Time  
  Seasonal  
 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 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 on-site supervisor, and submitted to your Insperty payroll specialist.

**PAID TIME OFF (PTO)** (PTO, Sick, Vacation)

Does Insperty track your PTO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, What is the Employee's PTO Effective Date (mm/dd/yyyy) _____ <b>Note:</b> Effective date does not have to match date of hire.
Are you a TimeStar Client? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**SIGN AND DATE FORM**

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.

Employee Signature <i>Natasha Chilton</i>	Date Signed by Employee (mm/dd/yyyy) <i>8/14/19</i>		*For a payroll contact and/or onsite supervisor pay increase or reduction, the client owner signature is required.
Payroll Contact/Onsite Supervisor Signature <i>Heather Jenkins</i>	Payroll Contact Printed Name <i>Heather Jenkins</i>	Date Signed (mm/dd/yyyy) <i>8/14/19</i>	
Client Owner Signature <i>Heather Jenkins</i>	Client Owner Printed Name <i>Heather Jenkins</i>	Date Signed (mm/dd/yyyy) <i>8/14/19</i>	

**TO BE COMPLETED BY PAYROLL SERVICES**

Entered By	Date Entered (mm/dd/yyyy)
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**OUTSIDE SALES EXEMPTION**

- 1. *Primary duty:* To sell or obtain orders or contracts for services or for the use of facilities. Must directly benefit from the sale of the product or services; **AND**
- 2. Customarily and regularly engaged in selling away from the employer's place or places of business. (Home or other fixed location is considered the employer's place of business.) Due to the AZ Minimum Wage Act, commission-only is not allowed.

**HIGHLY COMPENSATED EXEMPTION (Check State Requirements)**

- 1. *Primary duty:* Performs office or non-manual work; **AND**
- 2. Customarily and regularly performs at least one of the exempt responsibilities of an exempt executive, administrative or professional employee; **AND**
- 3. Must earn at least \$100,000 a year requiring a minimum salary paid on a salary basis for all hours worked whether few or many of at least \$455 per week. The total amount of compensation can include commissions, non-discretionary bonuses and other non-discretionary compensation exclusive of board, lodging or facilities.


**TO BE COMPLETED BY ONSITE SUPERVISOR (Complete if appropriate test is satisfied.)**

An exempt classification, as provided under wage and hour provisions of the Fair Labor Standards Act, is hereby claimed for the position of Teacher and any incumbents of such position whose employment conditions may be affected by exempt classification status. The determination to classify this position in exempt status is based on direct observation of work performed, duties and responsibilities of the position as illustrated on the job description, and the information provided above. I agree to inform the Insperity Client Services Payroll Specialist Team promptly in writing: (1) if changes in the above statements make an exemption invalid, or (2) if a temporary assignment requires payment for overtime.

Onsite Supervisor Signature Required 	Printed Supervisor Name Heather Jenkins	Date (mm/dd/yyyy) 8/13/2019
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**TO BE SIGNED BY EMPLOYEE ONLY IF CHANGING TO EXEMPT STATUS**

I understand and agree with the statements checked above as a basis for my exemption status from requirements of the Fair Labor Standards Act. I will notify my supervisor in writing (1) if my duties change making my exemption status invalid, or (2) if a temporary assignment requires me to do nonexempt work.

Employee Signature 	Printed Employee Name Natasha Chilton	Date (mm/dd/yyyy) 8/14/19
Reviewed By (Insperity Use Only)	Printed Reviewer Name	Date (mm/dd/yyyy)

**EXEMPT EMPLOYEE REDUCTION OF SALARY POLICY**

Exempt employees who are paid on a salary basis, in general, must be paid their full salary for any week in which they perform work. Their salary may be reduced only in the following circumstances:

- (1) Employees who are absent from work for at least a full day for personal reasons other than sickness or disability will not be paid for that day unless they have accrued paid time off under the client company's paid time off, vacation or sick policy, if any.
- (2) Exempt employees who are absent for at least a full day because of sickness or disability will not be paid for that day unless they have accrued paid time off under the client company's paid time off, vacation, sickness, or disability policy and the absence qualifies for pay under such policy. Their salary will not be reduced for less than a full day because of sickness or disability.
- (3) Employees who are absent from work for jury duty, attendance as a witness, or military leave may have their salary reduced by the amount of payment they receive in the form of jury fees, witness fees, or military pay. Their salary will not be reduced by the number of hours or days they are absent unless they perform no work during a given week.
- (4) If an employee violates a safety rule of major significance, his or her salary may be reduced in an amount to be determined by the company as a penalty for that violation.
- (5) Employees may be suspended without pay for other types of workplace misconduct, but only in full day increments. This refers to suspensions imposed pursuant to a written policy applicable to all employees regarding serious misconduct including but not limited to workplace harassment, violence, drug and alcohol violations, legal violations, etc. The possibility of such unpaid suspensions is hereby incorporated into all such policies.
- (6) Employees who work less than forty hours during their first and/or last week of employment will be paid a proportionate part of their full salary for the time actually worked.
- (7) Employees who take leave under the Family and Medical Leave Act will not be paid for that time unless they have accrued paid time off under the client company's paid time off, vacation, sickness or disability policy, if any. Their salary will be reduced by the hours missed, even if it is for less than a full day.

This policy is subject to applicable law. The Company will follow the state law regarding reduction of exempt employees' salaries if the state law is more favorable to employees.

**Prohibited Reductions/Complaint Procedure**

Any salaried exempt employee whose salary is reduced in violation of this policy will be reimbursed. If you feel your salary has been improperly reduced, please notify your Insperity human resources specialist. The employee will not be penalized in any way for making such a complaint.

This policy is intended solely to implement Fair Labor Standards Act (FLSA) regulatory requirements, will be applied and modified as necessary in accordance with such requirements, and is not to be considered any type of contract.

**Instructions:**

- Complete the Basis for Exemption section that best describes the job duties required for exempt status.
- Onsite supervisor must sign the form.  
**NOTE:** The test is for the *position*, not the person, unless an employee is changing to exempt status.
- Employee must read and sign the form **ONLY** if the employee is changing to exempt status.
- Submit the completed and signed form to your Insperty payroll specialist.
- **For California and Illinois use state-specific Tests for Exemption.**
- Always check state wage and hour laws which may be more beneficial to employees, therefore, supersede federal requirements.
- Under the Client Service Agreement (CSA), compliance with the FLSA and any similar state law is the client's responsibility.

Job Title Teacher	Client Company 3999400
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**BASIS FOR EXEMPTION**

<input type="checkbox"/> Executive	<input checked="" type="checkbox"/> Professional	<input type="checkbox"/> Computer Professional
<input type="checkbox"/> Administrative	<input type="checkbox"/> Outside Salesperson	<input type="checkbox"/> Highly Compensated

**EXECUTIVE EXEMPTION (Supervisory)**

<input type="checkbox"/> 1. <i>Primary duty:</i> Managing the enterprise or a recognized department or subdivision thereof; <b>AND</b>
<input type="checkbox"/> 2. Customarily and regularly directs the work of two or more full-time employees or their equivalent; <b>AND</b>
<input type="checkbox"/> 3. Has the authority to hire or fire or make recommendations which are given particular weight for hiring, firing, advancement, promotion or other change of status for other employees; <b>AND</b>
<input type="checkbox"/> 4. Paid on a salary basis for all hours worked whether few or many of \$455 (CA \$800, AK \$780, CT \$475, NY \$675) or more per week (\$23,660 per year at \$455) exclusive of board, lodging or other facilities.

**ADMINISTRATIVE EXEMPTION**

<input type="checkbox"/> 1. <i>Primary duty:</i> Office or non-manual work directly related to management or general business operations of the employer or employer's customers; <b>AND</b>
<input type="checkbox"/> 2. Exercises discretion and independent judgment with respect to matters of significance ( <b>Attach</b> a current job description or a list of responsibilities. Include how much time is spent performing each duty on a daily, regular and occasional basis. Describe work performed that is not reviewed or approved by someone else. Give examples of decisions made that affect the work, policies or management of the company, subdivision, department or that of the employer's customers); <b>AND</b>
<input type="checkbox"/> 3. Paid on a salary basis for all hours worked whether few or many of \$455 (CA \$800, AK \$780, CT \$475, NY \$675) or more per week exclusive of board, lodging or other facilities.

**PROFESSIONAL EXEMPTION**

<input checked="" type="checkbox"/> 1. Paid a salary for all hours worked whether few or many or fee basis of at least \$455 (CA \$800, AK \$780, CT \$475) or more per week (certain physicians, attorneys and teachers are not subject to the minimum salary requirement) exclusive of board, lodging or other facilities; <b>AND</b>
<input type="checkbox"/> 2. <i>Learned Professional - Primary duty:</i> performs work requiring knowledge of an advanced type, in a field of science or learning (law, medicine, theology, accounting, actuary, engineering, architecture, teaching, science, pharmacy and similar recognized professional occupations where specialized academic training is a standard prerequisite for entrance into the profession) <b>AND</b> which knowledge is customarily acquired by a prolonged course of specialized intellectual instruction (the best evidence that the employee meets this requirement is possession of the appropriate academic degree) <b>AND</b> which work is predominantly intellectual requiring consistent exercise of discretion and judgment; <b>OR</b>
<input type="checkbox"/> 3. <i>Creative Professional - Primary duty:</i> performs work requiring invention, imagination, originality or talent in a recognized field of artistic endeavor such as musicians, writers, actors and graphic artists; <b>OR</b>
<input type="checkbox"/> 4. <i>Teacher Professional - Primary duty:</i> of imparting knowledge at an educational establishment.

**COMPUTER PROFESSIONAL EXEMPTION (Check State Requirements)**

<input type="checkbox"/> 1. If paid on an hourly basis must be compensated at the rate of \$27.63 per hour <b>OR</b> if paid on a salary basis for all hours worked whether few or many must be paid at least \$455 or more per week exclusive of boards, lodging or other facilities. (Refer to state-specific laws.) Some states do not recognize the computer professional exemption. California has much higher pay requirements which change annually, and <b>CA Computer Professional Test for Exemption must be used.</b> <b>AND</b>
<input type="checkbox"/> 2. Employed as a computer systems analyst, computer programmer, software engineer or other similarly skilled worker in the computer software field (but NOT including employees engaged in the manufacture or repair of computer hardware, employees whose work is highly dependent on or facilitated by computers such as engineers, drafters and others skilled in computer-aided design software) but who are primarily engaged in computer systems analysis and programming or other similarly skilled computer position; <b>AND</b>
<input type="checkbox"/> 3. <i>Primary duty:</i> <ul style="list-style-type: none"> <li>• The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications; <b>OR</b></li> <li>• The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications; <b>OR</b></li> <li>• The design, documentation, testing, creation or modification of computer programs related to machine operation systems; <b>OR</b></li> <li>• A combination of all of these, which requires the same level of skills.</li> </ul>

**To complete form, continue to the next page.**