



Employee Change Form

Client ID:_____ Client Name:_____ Date:_____

Employee ID:_____ Employee Name:_____

Check all that apply:

Name change:_____

Address change:_____

Pay Rate change: \$_____

Tax withholding change – Submit new W-4 form

Department add:_____

Department change: From:_____ To: _____

Deduction add:
Deduction:_____ Amount/percent:_____ _____
Deduction:_____ Amount/percent:_____

Deduction change:
Deduction:_____ Amount/percent:_____

Note: Direct Deposit changes must be submitted on the Employee Direct Deposit Authorization form.