

## Employee Information Changes Form

Please fax to Payroll USA at **941/727-1039** as soon as possible to ensure proper documentation.

<b>Employee Name</b>	_____	SS# or EE#	_____
	Last                      First                      Middle Initial		
<b>Worksite Client Name</b>	_____		

<b>Address, Phone or Name Change:</b>			
Address Changed To: _____			
	Street	City	State                      Zip
Phone # Changed To ( ) _____	Name Changed to: _____		
	Attach new W-4 & I-9		

<b>Change to Hours or Pay Rate:</b>	
Effective Date: _____	Average Hours: _____
<input type="checkbox"/> Full Time <b>or</b> <input type="checkbox"/> Part Time <b>And</b> <input type="checkbox"/> Hourly <b>or</b> <input type="checkbox"/> Salary	
Pay Rate Change From \$ _____	To \$ _____   Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Week
	<input type="checkbox"/> Semi-Month <input type="checkbox"/> Month

<b>Job Change:</b>
New Title: _____
New Duties: _____
New Department: _____
New Location: _____
New Workers' Compensation Code: _____

<b>Rehire</b> ( <i>Attach a new W-4 if termination was more than 4 months, I-9 must be resubmitted if a new year.</i> )
Date: _____

<b>Change of Claiming Status:</b> <i>Attach a new W-4</i>
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**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_