

Employee Information Changes Form

Please fax to Payroll USA at **866/358-6834** as soon as possible to ensure proper documentation.

Employee Name	_____	SS# or EE# _____
	Last First Middle Initial	
Worksite Client Name	_____	

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

Change to Hours or Pay Rate:	
Effective Date: _____	Average Hours: _____
<input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time And <input type="checkbox"/> Hourly or <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

Job Change:
New Title: _____
New Duties: _____
New Department: _____
New Location: _____
New Workers' Compensation Code: _____

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

Change of Claiming Status: Attach a new W-4
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Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____