



**PROGRESSIVE EMPLOYER
MANAGEMENT COMPANY**

Payroll • Workers Comp • Benefits • HR

**Corporate Headquarters
6407 Parkland Drive
Sarasota, Florida 34243
Phone: (888) 925-2990
Fax: (888) 925-7567**

PAYROLL CHANGE REQUEST

In order for Progressive Employer Management Company ("PEMCO") to process any payroll changes, this form must be fully completed, signed by an authorized representative of your business, and received by PEMCO Payroll Department before payroll hours are reported. To make any changes to employee tax information, the employee must submit a new W-4. If you have any questions about completing this form, please contact your payroll coordinator. ALL CHANGES ARE SUBJECT TO APPROVAL BY PEMCO.

PAYROLL CHANGE REQUEST APPLIES TO:

Employee Name: _____ **SSN:** _____

Effective Date of Change: _____

TYPE OF CHANGE (Check all applicable boxes):

Employee Information:

Name Change: _____ (provide copy of Social Security card)

Address Change: _____

Phone Number Change: _____

Social Security Number Correction: from: _____ to: _____

Compensation: Current Wage Rate/Salary: \$ _____ per _____

New Wage Rate/Salary: \$ _____ per _____

Location/Department: From Location/Dept # _____ to Location/Dept. # _____

Workers' Compensation Code (Requires approval from Risk Management):

Current Code: _____ State: _____ Job Description: _____

New Code: _____ State: _____ Job Description: _____

Is Change Permanent? Yes No

Explain reason for Change: _____

Other Change: _____

SUBMITTED BY:

CLIENT COMPANY: _____

NAME OF AUTHORIZED REPRESENTATIVE: _____

DATE: _____ SIGNATURE: _____

Fax this form to your payroll representative at your processing center:

	SARASOTA	PUNTA GORDA	CAPE CORAL
PHONE	888-925-2990	941-621-2781	866-249-6408
FAX	888-925-7567	941-621-3329	239-542-3053