

6302 Manatee Ave. West Bradenton, FL 34209 Phone: 941-761-7704 Fax: 941-761-1312

PAYROLL CHANGE REQUEST

In order for Howard Leasing Inc. to process any payroll changes, this form must be fully completed, signed by an authorized representative of your business, and received by Howard Leasing Inc. Payroll Department before payroll hours are reported. To make any changes to employee 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 HOWARD LEASING INC.

PAYROLL CHANGE REQUEST APPLIES TO:

Employee Name:	SSN:
Effective Date of Cl	hange:
T	YPE OF CHANGE (Check all applicable boxes):
Employee Information	:
Name Change:	(provide supporting documentation)
New Address	
New Phone Num	nber:
Social Security Nur	mber Correction:
Compensation: C	urrent Wage Rate/Salary: \$per
N	ew Wage Rate/Salary: \$per
Location/Departme	nt: From Location/Dept #to Location/Dept. #
Workers' Compens	ation Code (Requires approval from Risk Management):
Current Code:	State:Job Description:
New Code:	State:Job Description:
Is Change Perma	nent? 🗆 Yes 📋 No
Explain reason fo	or Change:
Other Change:	
CLIENT COMPANY: _	SUBMITTED BY:
NAME OF AUTHORIZ	ED REPRESENTATIVE:
DATE:	SIGNATURE:

Fax this form to your payroll representative at your processing center