

Payroll Change Notice

Client _____ Date _____

Employee's Name _____

Social Security # _____ - _____ - _____

Check appropriate box:

Job Title Change _____

Remove From Payroll: Terminated Medical Leave

Cancellation in Medical and/or Life Insurance Coverage: Employee Dependent

Change Withholding Rate (complete new W-4 form)

Change status to: Full Time Part Time Temporary

Leave of Absence Paid? Yes No Return *Date of return to work* _____

Reason for Leave _____

Address / Phone Information Change: _____

Change Rate

Date Effective

Old Rate: _____ *New Rate* _____

Date of Last Payroll Change _____

Payroll Deduction:

Advance Uniform Tools Insurance Misc. or Other _____

Total to be Deducted \$ _____ and Amount Deducted per Pay Period \$ _____

Reason for Termination:

Voluntary Discharged
 Laid Off Other (Please specify) _____

Remarks: _____

Submitted By: _____ Title _____ Date _____

Approved By: _____ Title _____ Date _____