

ATLAS RESOURCES INC. PAYROLL CHANGE NOTICE	
Employee Name (Last, First, Middle)	Client Name & Department
Social Security #:	Effective Date:

Check All Applicable Boxes:

Check all that apply	From	To
<input type="checkbox"/> RATE OF PAY		
<input type="checkbox"/> EMPLOYEE REHIRE:		
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> HEALTH/DENTAL DEDUCTION		
<input type="checkbox"/> LIFE/401-K DEDUCTION		
<input type="checkbox"/> W/C CLASSIFICATION		
<input type="checkbox"/> SHIFT		
<input type="checkbox"/> OTHER		
<input type="checkbox"/>		
<input type="checkbox"/>		

Supervisor Printed Name: _____

Supervisor Signature: _____

ATLAS RESOURCES INC.
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ALBUQUERQUE, NM 87110
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