

Notice of Payroll Change



Date _____
Client Company _____
Name _____
Address _____
Social Security No.: _____ Phone _____
Classification _____ Emp # _____ Dept. _____
Title _____ Division _____ Shift _____ Hire Date _____

CHANGED DATA

Enter on Payroll Merit Increase New Employee
 Change Pay Rate Promotion See Appraisal
 Change Withholding Rate (W-4)
 Remove from Payroll (*Termination* *voluntary* *laid off* *discharged*)
 Change Title/Classification _____
 Change Status Full time Part Time Temporary On call
 Department Transfer _____
 Change Shift _____
 Leave of Absence Paid Yes No _____ *Date of Return*
 Address/Data Change _____
REMARKS _____

EFFECTIVE DATE _____ **TIME** _____
Old Rate _____ Per _____ **New Rate** _____ **Per** _____
Date of Last Payroll Change _____

FORMS REQUESTED

New Hire Packet _____ Tax Form _____ Termination Form _____ Direct Deposit _____
Applications _____ Reports _____ Other _____

Submitted By _____ **Title** _____ **Date** _____