Company name	Date:	Page of	Client No
Use this form for Changes to existing employees and/or adding	New Hires. Please check the appro	priate box (Change or	New).
Change Dept # (Cost Center) Salary (each pay period)	Marital (M or S) (Fed) Exemptions (State)	Rt#2 Cost Ctr Hourly Rate #2	Rt#3 Cost Ctr Hourly Rate #3
Employee Name (as it will appear on the check issued)	Home Address of the employee (W-2 mailing address	s)	City
State Zip Code WH Tax Pay Social Security Number State Period (999-99-9999)	Date of Birth Date of Hire MM-DD-YY MM-DD-YY	eral Withholding State Wit SPECIAL TAX HANDLING Ca	
DEDUCS L. 1 . 1 . 1 . 1 . 1 . 1 . 1 1		p. Amount Flex Comp Amt ="F" uction amt) or Balance Due Amt.	
Change		Rt#2 Cost Ctr Hourly Rate #2	Rt#3 Cost Ctr Hourly Rate #3
Employee Name (as it will appear on the check issued)	Home Address of the employee (W-2 mailing addres	3)	City
State Zip Code WH Tax Pay Social Security Number State Period (999-99-9999)	Date of Birth Date of Hire MM-DD-YY MM-DD-YY	eral Withholding State Wit SPECIAL TAX HANDLING Ca	
DEDUCS L. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 1 1		p. Amount Flex Comp Amt ="F" auction amt) or Balance Due Amt.	
Change		Rt#2 Cost Ctr Hourly Rate #2	Rt#3 Cost Ctr Hourly Rate #3
Employee Name (as it will appear on the check issued)	Home Address of the employee (W-2 mailing addres	s)	City
State Zip Code WH Tax Pay Social Security Number State Period (999-99-9999)	Date of Birth Date of Hire MM-DD-YY MM-DD-YY	eral Withholding State Wit	
DEDUCS L. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 1 1		p. Amount Flex Comp Amt ="F" uction amt) or Balance Due Amt.	

