

EMPLOYEE CHANGE FORM

Name _____ Employee ID _____

EMPLOYMENT CHANGES		Effective Date _____
	Previous	New
Account #	_____	_____
Building	_____	_____
Hours (Addition/Reduction)	_____	_____
Position	_____	_____
Wages/Salary	_____	_____

PERSONAL CHANGES**		Effective Date _____
<input type="checkbox"/> Address _____	Street/Road	City State Zip
<input type="checkbox"/> Change of Name _____	Please check reason below for name change	
<input type="checkbox"/> Divorce	<input type="checkbox"/> Marriage (you may need to change your W-4's)	
<input type="checkbox"/> Phone # () _____ - _____	<input type="checkbox"/> Unlisted	
** This form will not make changes to your insurance – please call the payroll office to request insurance change forms		

Employee's Signature _____ Date _____
(necessary for all of the above changes)

Supervisor's Signature _____ Date _____
(only necessary for employment changes)

RETURN TO PAYROLL OFFICE