

# Employee Change Form

Client Location Name: \_\_\_\_\_

|  |    |                     |       |
|--|----|---------------------|-------|
| Employee Name  |    | Social Security No. |       |
| <b>Change of Address</b><br>New Street Address: _____<br>City: _____ State: _____ Zip Code: _____  |    |                     |       |
| <b>Change Tax Exemptions</b><br>New Federal Withholding: Married/Single: _____ # of Exemptions: _____<br>New State Withholding: Married/Single: _____ # of Exemptions: _____ |    |                     |       |
| <b>Change Pay Rate</b><br>New Pay Rate: \$ _____ per (Circle One): Hour Month Year<br>Effective Date of New Pay Rate: _____  |    |                     |       |
| <b>Change Employment Status</b><br>Change to (Circle One): Terminated Full-time Part-time<br>Effective Date of Termination or Change: _____                                  |    |                     |       |
| <b>Change Assigned Department</b><br>New Department: #: _____  |    |                     |       |
| <b>Change to Permanent Deductions &amp; Special Notes or Comments</b>  |    |                     |       |
| Health Insurance:  | \$ | _____               | _____ |
| Dental Insurance:  | \$ | _____               | _____ |
| Vision Insurance:  | \$ | _____               | _____ |
| Aflac:   | \$ | _____               | _____ |
| Garnishment:   | \$ | _____               | _____ |
| 401(k)   | \$ | _____               | _____ |
| _____  | \$ | _____               | _____ |
| _____  | \$ | _____               | _____ |

Fax to Excelpay @ 770-508-1425