



Employee Information Change Form

Employee Name (if name change, indicate new name below)

Employee Social Security Number

Client Company

Effective Date of Change

Please Show The CHANGED Information Below:

If Address/Phone Change:

New Address		New Phone #	
City	State	Zip Code	County

If Personal Change: (Please attach new W-4)

Marital Status Change:	Single	Married	Divorced	Widowed
New Last Name				
Dependent Change:				

If Payroll Change:

1.	New Job Title:
2.	New Job Duties/Description:
3.	New Department:
4.	New Rate of Pay:
5.	New Work Status:

Additional Comments/Other Change(s):

Authorized Signature

Title

Date