



EMPLOYEE CHANGE FORM

Please submit this change form to our office with all pertinent fields complete and legible. Send copy of court order for all garnishment and child support deductions.

email: [payroll@premierpayrollpros.com](mailto:payroll@premierpayrollpros.com)

Fax: 918-512-4457

Company Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Employee Name: \_\_\_\_\_

Pay/Benefit Change(s): \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Rate of Pay From: \$ \_\_\_\_\_ per Hour / Week / Month / Year  
To: \$ \_\_\_\_\_ per Hour / Week / Month / Year
- Bonus or other payment Amount: \$ \_\_\_\_\_ Reason: \_\_\_\_\_
- Position/Title Change From: \_\_\_\_\_ to: \_\_\_\_\_
- Change in tax withholdings/exemptions

Please note that a copy of the employee's new W-4 form must be attached and retained for your records

Address/Other Changes: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

From: \_\_\_\_\_ Comment: \_\_\_\_\_  
To: \_\_\_\_\_

Name Change: \_\_\_\_\_

Please note that the employee's name should be as it appears on their social security card. A copy of the employee's social security card must be attached to this request in order to be processed. Our copy will be destroyed after verification.

Original Name: \_\_\_\_\_

New Legal Name: \_\_\_\_\_

Direct Deposit Change: \_\_\_\_\_ Attach copy of new direct deposit authorization form

Deduction Changes: (All deductions will be made per pay period unless otherwise indicated)

	Per Pay	Pretax	Effective		Per Pay
Health Insurance	Amt _____	Y / N _____	_____	Cafeteria Flex	Amt _____
Dental Insurance	Amt _____	Y / N _____	_____	Cafeteria Flex	Amt _____ (annual max)
Life Insurance	Amt _____	Y / N _____	_____	Garnishment	Amt _____
Health Sav Acct	Amt _____	Y / N _____	_____	Child Support	Amt _____
Savings	Amt _____	Y / N _____	_____	Loan	Amt _____
				Union Dues	Amt _____
Other (specify deduction type)	_____				Amt _____
Pension Type (i.e. 401k):	_____			Amt _____	or _____ %

Notes: \_\_\_\_\_

Benefits (Employer Provided):

Pension Type (i.e. 401k): \_\_\_\_\_ Per Pay \_\_\_\_\_ Effective \_\_\_\_\_  
Amt \_\_\_\_\_ or \_\_\_\_\_ %

Termination of Employment Last Date Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Quit with Notice      \_\_\_\_ Quit without Notice      \_\_\_\_ Laid Off  
\_\_\_\_ Terminated      \_\_\_\_ End of Assignment

Eligible for Rehire: Yes / No

\_\_\_\_\_  
Approved by      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print Name      Title \_\_\_\_\_