



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@p3-payroll.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)

Table with columns: Deduction Type, Per Pay, Pretax, Effective, Per Pay. Rows include Health Insurance, Dental Insurance, Life Insurance, Health Sav Acct Savings, Cafeteria Flex, Garnishment, Child Support, Loan, Union Dues, Pension Type.

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

**Benefits (Employer Provided):**

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

**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