



2530 Colorado Ave #2B
Durango CO 81301
Ph. 970.259.6960
Fax. 970.259.5331
Email: info@payrolldept.biz
Web: <https://www.payrolldept.biz/forms.html>

Employee Change Form

* =required field

*EmployER Name: _____ *Client #:_____

*Employee's Name: _____
First _____ Middle Initial _____ Last _____

*Social Security Number:_____

Date of Termination:_____

CHANGE in Name: _____
First _____ Middle Initial _____ Last _____

CHANGE in Social Security Number:_____

CHANGE in Employee's Mailing Address:_____

City/State/Zip:_____

CHANGE in Home Department:_____

CHANGE in Pay: _____
(Mark ONLY one)
 Hourly \$ _____ /hr
 Salary \$ _____ /pay period

CHANGE in W-4 information:

Tax Filing Status (line 3): Single OR Married

Federal Exemptions (line 5): _____ Additional Amount (line 6): \$ _____

State Exemptions: _____ Additional State Amount: \$ _____

If you need to change direct deposit information – please submit a NEW “Direct Deposit Form” from our website: <https://www.payrolldept.biz/forms.html>

Special Notes:

* Approved By: _____ Date: _____