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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: Hourly \$ _____ /hr

(Mark ONLY one)

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:** _____