



Notice of Employee Change

Client Name: _____

Employee Name: _____

Social Security Number: _____

Effective Date: _____

Type of Change

From

To

Pay Rate \$ _____ per _____ \$ _____ per _____

Job Title/Dept. _____

Full/Part Time _____ hours per week _____ hours per week

Address/Phone
(list new information only) _____

Name Change _____

Tax Withholding _____
(Copy of new W-4 or state form required to complete the change)

Other Reactivate per timesheet _____

Client Approval

Comments: _____

Signature: _____

Title: _____

Date: _____

TSA Use Only

Client Name: _____ Date Entered: _____ Initials: _____