Employee Change Form

***Please write clearly and fill out all requested information.

Basic Information: Address Change

Company: _____ Company ID: _____

(Last Name), * Mandatory | (First Name), *Mandatory | (Middle Name)

(New Address 1)

(New Address 2)

(New Zip), | (New City), | (New State)

Gender | Birth Date | **SS # *** Mandatory**

Department and Status Information Changes

Status: New, Active, Re-Hire | Hire Date | Work Comp Code

Department

Pay Rate Information Change

$ _____ or $ _____

New Hourly Rate 1 | New Salary Per Payroll | Avg. Hrs (40, 80, etc.)

Pay Frequency: Weekly, Bi-Weekly Etc. | Auto Pay: Hrs, Sal, None

Tax Change

Tax form: W-2, 1099, etc.

Y N S M

Federal Income Tax | Status (Circle One) | Exemptions

S M

State | Status (Circle One) | Exemptions

Unemployment State | Work State

Labor Code Changes

Labor Code | Alloc %

Labor Code | Alloc %

Labor Code | Alloc %

Labor Code | Alloc %

Payroll Deduction Changes / Additions

Code	Description	Amount %	Goal/Max

Quantum Payroll Systems, Inc. (813)-653-7733, Fax (813)-653-7744