

Employee Information Changes Form

Please Complete and Fax or Mail to Employers Pay-Care Services, Inc. As Soon As Possible To Ensure Proper Documentation.

Employee Name	_____	SS#	_____
	Last First Middle Initial		
Worksite Client Name	_____		

Address, Phone or Name Change:			
Address Changed To: _____			
	Street	City	State Zip
Phone # Changed To (____)	_____	Name Changed to: _____	Attach new W-4 & I-9

Change to Hours or Pay Rate:	
Effective Date: _____	Average Hours: _____
<input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time And <input type="checkbox"/> Hourly or <input type="checkbox"/> Salary	
Pay Rate Change From \$ _____	To \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Week <input type="checkbox"/> Semi-Month <input type="checkbox"/> Month

Job Change:
New Title: _____
New Duties: _____
New Department: _____
New Location: _____
New Workers' Compensation Code: _____

Rehire <i>(Attach a new W-4 if termination was more than 4 months. I-9 must be resubmitted if a new year.)</i>
Date: _____

Change of Status: NEW W-4 MUST BE COMPLETED AND FAXED/MAILED TO PAY-CARE BEFORE ANY CHANGES TO PAYROLL.

Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____