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Change Form

Client Name: _____

Employee Name: _____ SSN: _____ - _____ - _____

Address Change

New Address: _____

New Phone: _____

Pay Rate / Status Change

New Rate: \$ _____ Effective Date: _____

Is Retro-pay owed? _____ (if YES, please add retro payment amount onto payroll sheet)

Status Change to: Full-time Part-time Temporary Seasonal

Other Changes

New Name: _____ Corrected SSN: _____ - _____ - _____

Has this name been changed with the Social Security Administration? Yes No If not, the employee needs to obtain a new Social Security Card and the I-9 needs to be updated at the bottom of the form.

New Deduction: Type _____ \$ Amount _____ Frequency _____

Type _____ \$ Amount _____ Frequency _____

Notes: _____

Completed by: _____ Date: _____

Contact Phone #: _____

FAX to 623-580-4902