

Company Name: _____
EMPLOYEE UPDATE



Change Effective Date: _____

Please change: PAY RATE STATUS DEPARTMENT/POSITION NAME/ADDRESS OTHER

| | | | | | |
|--|--|---|---|--|--|
| EMPLOYEE | | | | | |
| Name: | | | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | |
| Address: | | | | | |
| City: | | | State: | Zip: | |
| Phone: | | SSN: | | Date of Birth: | |
| New Rate of Pay: | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | <input type="checkbox"/> P/T <input type="checkbox"/> F/T | Pay Freq.: <input type="checkbox"/> W <input type="checkbox"/> BW <input type="checkbox"/> SM <input type="checkbox"/> M | |
| New Position: | | | New Department: | | |
| Forms: | | | | | |
| <input type="checkbox"/> Federal Withholding | | <input type="checkbox"/> State Withholding | | <input type="checkbox"/> Direct Deposit | |

| |
|---------------|
| NOTES: |
| |
| |
| |
| |

Manager/Supervisor:

Signature: _____ Date: _____

Telephone: _____

Send via:

Fax: 225-761-1002

Email: payroll@employersupport.com

**Please attach additional forms as necessary.