



EMPLOYEE PAYROLL CHANGE FORM

Employee: _____ Effective Date: ___/___/___

General Information Change
Address
City, State, Zip
E-Mail Address
Phone

Change In Tax Withholdings
W-4 (Federal)
G-4 (State of Georgia)
Attach a new W-4 and/or G-4 to this form

Pay Change

Rate of Pay From \$ _____ Per Hour Week Month Year Type: Hourly Salary
To \$ _____ Per Hour Week Month Year Type: Hourly Salary

Position/Title Change

From: _____ To: _____

Termination of Employment

Last Day Worked: ___/___/___
Quit with Notice
Quit without Notice
Terminated
Laid Off
Eligible for Rehire? Yes No
Final Check Type: Manual Check Direct Deposit
Additional Comments/Notes:

Employer Approval: _____ SIGNATURE DATE

E-Mail form to: payroll@worksandco.com or Fax to (888) 922-5716

Works & Company Use Only

Date Received: ___/___/___ Entered on ___/___/___ by _____