

# Employee Payroll Change Form

Company Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

**Please submit this change list to our office with all pertinent fields filled in and legible.  
Send copy of court order for all garnishment and child support deductions.**

**Address Change to:** \_\_\_\_\_  
\_\_\_\_\_

**Wage Change Information:**

Position(s): \_\_\_\_\_ Department /Location (if applicable) \_\_\_\_\_

Hourly rate \_\_\_\_\_ **AND/OR** Salary (specify both): per pay \_\_\_\_\_ & Annual amount \_\_\_\_\_

Other pay (specify): \_\_\_\_\_ amount: \_\_\_\_\_

Tips: Credit Card \_\_\_ Cash \_\_\_ Both \_\_\_

**Withholding Changes:** W-4 ~ IRS Withholding Certificate \_\_\_\_\_ (attach new form)  
IT- 2104 ~ NYS Withholding Certificate \_\_\_\_\_ (attach new form)

**Direct Deposit Change:** \_\_\_\_\_ (attach new form)

**Deduction Changes:** (All deductions will be made *per pay period* unless otherwise indicated)

	<u>Per Pay</u>	<u>Pretax</u>	<u>Effective</u>		<u>Per Pay</u>
Health Insurance	Amt _____	Y / N _____	_____	Cafeteria Flex _____	Amount _____
Dental Insurance	Amt _____	Y / N _____	_____	Cafeteria Flex (Annual Max) _____	
Life Insurance	Amt _____	Y / N _____	_____	Garnishment _____	Amount _____
HSA	Amt _____	Y / N _____	_____	Child Support _____	Amount _____
Savings	Amt _____	Y / N _____	_____	Loan _____	Amount _____
				Union Dues _____	Amount _____
Other _____				Specify deduction type _____	Amount _____

Pension Type (i.e. 401k): \_\_\_\_\_ Amount \_\_\_\_\_ or \_\_\_\_\_%

Retirement Code: \_\_\_\_\_ (Municipals Only)

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_

**Benefits (Employer Provided):**

Pension Type (i.e. 401k): \_\_\_\_\_ Amount per pay \_\_\_\_\_ or \_\_\_\_\_% Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

HSA \_\_\_\_\_ Amount \$ \_\_\_\_\_ Annual Limit \$ \_\_\_\_\_