



Client Company

Employee Last Name	First Name	MI	Social Security Number
Change of Address:			Change of Telephone:

Employee Status Change

W-4 Withholding Allowance Change

3. Single Married Married, but withhold at higher Single rate. Note: If Married, but legally separated, or spouse is a nonresident alien check the Single box.

4. If you last name differs from that on your social security card, check here and call 1-800-772-1213 for more information

5. Total number of allowances you are claiming

..... 5. _____

6. Additional amount, if any, you want deducted from each paycheck 6. _____

7. I claim exemption from withholding and I certify that I meet BOTH the following conditions of exemption:

- Last year I had a right to a refund and ALL Federal income tax withheld because I had NO tax liability; AND
 - This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet BOTH conditions enter "EXEMPT" here
- 7. _____

Employee Signature: _____ **Date:** _____

The above changes cannot be made without an employee signature.

Payroll Change

Employee Separation Termination Date _____

Effective Date: _____	Job Title: _____		
<input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Salaried <input type="checkbox"/> Only <input type="checkbox"/> Salaried w/ O.T. <input type="checkbox"/> Other <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Pay Rate \$ _____	Workers' Compensation Code _____
Description of Duties – or Attach Job Description			

Voluntary (Resignation) <input type="checkbox"/> Resigned with notice – health reasons _____ <input type="checkbox"/> Resigned with notice – other reasons _____ <input type="checkbox"/> Resigned – no notice _____ No show / No call _____ days _____ Accepted another job _____ <input type="checkbox"/> Other – please explain _____	Involuntary (Discharge) <input type="checkbox"/> Absenteeism / Tardiness _____ Lack of Work _____ <input type="checkbox"/> Unsatisfactory work _____ Dishonesty _____ Insubordination _____ <input type="checkbox"/> Death _____ Destruction of company property _____ End of Temporary assignment _____ Other – please explain _____	Inactive / Leave of Absence <input type="checkbox"/> Disciplinary lay off _____ Illness (FMLA Yes _____ No) _____ <input type="checkbox"/> Maternity (FMLA Yes _____ No) _____ <input type="checkbox"/> Family Obligations (FMLA Yes _____ No) _____ <input type="checkbox"/> Injury – Work Related _____ <input type="checkbox"/> Personal _____
Comments/Explanation Would you rehire employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		