Employee Change

Payroll MAXX ℠

Company Name _____

Employee Name _____

☐ **Name Change** _____

☐ **Address Change** _____

☐ **New Email Address** _____

☐ **New Phone #** _____

PAY Change

Eff. on Check Dated: _____   ☐ Hourly   ☐ Commission   ☐ Salary *with Overtime*   ☐ Salary *NO Overtime*

Rate From: $_____   ☐ Hourly   ☐ Pay Period   ☐ Annual Salary

Rate To: $_____   ☐ Hourly   ☐ Pay Period   ☐ Annual Salary

☐ **Retro:** $_____   *(Please enter $ amount employee is to be paid)*

POSITION / DIVISION Change

Effective Date: _____

From: _____   **To:** _____

WORK STATUS Change

Effective Date: _____

Change from: ☐ Active to Terminated   ☐ Full Time to Part Time   ☐ Part Time to Full Time

W4 Change

W4 Filing Status: ☐ Single   ☐ Married   ☐ Married but withhold at a higher single rate

Allowances: _____   Additional Amount: _____

State Filing Status: ☐ Single   ☐ Married   ☐ Other _____

Allowances: _____   Additional Amount: _____

TIME OFF ACCRUAL Change

Change Sick Plan From: _____   **To:** _____

Change Vacation Plan From: _____   **To:** _____

Change PTO Plan From: _____   **To:** _____

** *Time Off Accrual Plan must be set up in Evolution, see your Time Off Register for list of plans*

DEDUCTION Change

Name / Code	Change From $	Change To $	Start on Check Dated	End on Check Dated	Select One
					☐ Permanent ☐ One Time
					☐ Permanent ☐ One Time
					☐ Permanent ☐ One Time
					☐ Permanent ☐ One Time
					☐ Permanent ☐ One Time
					☐ Permanent ☐ One Time

Authorized Signature: _____   *Date:* _____