

---

2016-2017

## Payroll Change Form

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

**Address Change:** (Please submit through employee access)

**Tax Status Change:** (Please submit through employee access, and submit the updated and signed W-4 form to Brenda)

**Deduction Changes:** (Note: Attach copies of any insurance forms or annuity agreements)

Add	Delete	Change	_____	Amount \$	_____	Cafe?	Y	N
			Deduction Name		Per Month			
Add	Delete	Change	_____	Amount \$	_____	Cafe?	Y	N
			Deduction Name		Per Month			
Add	Delete	Change	_____	Amount \$	_____	Cafe?	Y	N
			Deduction Name		Per Month			
Add	Delete	Change	_____	Amount \$	_____	Cafe?	Y	N
			Deduction Name		Per Month			

Employee Signature and Date:

---

Approved by and Date:

---