

Employee Payroll Change Form

Today’s Date: Effective Date: Worksite Employer: Name of Employee: SSN:

**Address\Phone Change**

New Address: New Phone: ( )

**Pay Rate / Position / Department Change**

Pay Rate Change: From $ To $ Pay Type: Hourly Salary Retroactive? Yes No If YES, to what date? Retro Pay $ Rate Change is (circle one): Permanent Temporary

Current Position / Department Change To:

Reason:

**Other Change**

Comments:

Employee Signature: Date:

Manager Signature: Date:

***Please return completed form to Kymberly Group Payroll Solutions, Inc. as soon as possible.***

KGPS 052212 Employee Payroll Change Form (rev 021813)