



## Employee Master Change Form

New Employee  Rehire  Termination  Change

Date of Change: \_\_\_\_\_ Type of Change: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Hourly/Annual Rate: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

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### Direct Deposit Information (please provide direct deposit form)

Change  Cancel  Add

### Withholdings (please provide current year W-4)

Federal Marital Status: \_\_\_\_\_ Federal Dependents: \_\_\_\_\_

State Marital Status: \_\_\_\_\_ State Dependents: \_\_\_\_\_

Additional Withholdings: \_\_\_\_\_ Percentage or \_\_\_\_\_ Flat Dollar Amount

### Deductions

401k: \_\_\_\_\_ Insurance: \_\_\_\_\_ per week Deferral: \_\_\_\_\_

Advance: \_\_\_\_\_ per week Goal: \_\_\_\_\_

**Please submit all documents and information to:**

customerservice@paytechpayroll.com

Paytech Payroll Systems, Inc.

401 Clovis Avenue, Suite 202 Clovis, CA 93612

Phone: (559) 299-9180 Fax: (559) 299-9181