HR-1 SOURCE

1 Source - 1 Payment - Over 50 Solutions...
Getting you back to business!

HR - 1 SOURCE, LLC

EMPLOYEE INFORMATION CHANGE REQUEST

New Address: ☐ YES ☐ NO **Name Change:** ☐ YES ☐ NO
(If yes, provide copy of documentation)

Withholding Change: ☐ YES ☐ NO

Social Security #: _____-_____-_____

Name: _____ _____ _____ **Phone:** (____) _____-_____
First MI Last

Address: _____
Street City State Zip

Withholding Status:

Federal: Single ☐ Married ☐ # Deductions ___ **State:** Single ☐ Married ☐ #Deductions ___

_____ _____/_____/_____
Employee Signature Date

Do Not Write Below – For Office Use Only

Employee is: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Re-hire
Employee is: ☐ Salary ☐ Hourly

Change is: ☐ Employee Loan ☐ Rate Change ☐ Leave of Absence ☐ Paycheck Deduction

Current Rate: $ _____ **New Rate:** $_____

Deduction: Type: _____ Amt. / Period: $_____

Employee Loan: Amount: $ _____ # Pmts/Amt.: ____/ $_____

LOA: ☐ Military ☐ FMLA ☐ Sickness/Accident (other than FMLA)
(If other specify) _____

_____ _____/_____/_____
Signature of Authorizing Individual Date

_____ (____) _____-_____
Company Name Phone Number

(Report any changes to HR - 1 SOURCE promptly)