



Employee Payroll Add/Change Form

Company Name:

Today's Date:

☐ **New Hire/Rehire**

Name of Employee:	
Date of Hire/Rehire:	
Salary/Hourly:	\$ <small>Indicate frequency of pay (annual, weekly, biweekly, semi-monthly, monthly)</small>
Employee Personal Email:	
Employee SS#:	
Employee DOB:	
Employee Phone:	

Please include the following documents: I9, Offer Letter(if applicable);

☐ **Salary Increase/Decrease**

Name of Employee:	
Current Salary/Hourly:	\$
New Salary/Hourly:	\$
Effective Change Date:	

☐ **Medical/Dental Deduction Change (new or existing employees)**

Name of Employee:	Employer Portion \$\$\$	Employee Portion \$\$\$
Effective Change Date:		

☐ **SEP,401k or Roth Deduction Change (indicate which plan)**

Plan Type	Dollars	Percentage
Effective Change Date:		

Employer Signature

Date

Employee Signature

Date