

# Employee Change Form

Enter the changes to be made for your employee.

***Form should be submitted to Whittle Strategic Accounting via secure portal within 2 business days of status change.***

## General

### Employer Name

### Employee Name

First Name and Middle Initial

Last Name

## Reason for Change

### ☐ Name Change

### Employee Name

First Name and Middle Initial

Last Name

### ☐ Address Change

### Address

Street

Unit #

City

State

Zip

County Worked

County Lived

### ☐ Employee Status Change

#### Change to:

☐ Hourly

☐ Salary

☐ Full Time

☐ Part Time

☐ Terminated Date:

### Employee Pay Status Change

☐ Exempt (not subject to overtime pay)

☐ Nonexempt (subject to overtime pay)

*See Exempt vs Nonexempt Employee Form or contact your attorney for guidance*

☐ **Direct Deposit Change**

Bank Name	Checking/Savings	Routing Number	Account Number	% or \$ Amt

☐ **Pay Change**

**Current Wages**

☐ \$/hour ☐ \$/year

**New Wages**

☐ \$/hour ☐ \$/year

☐ **Tax Change**

**Federal Tax Information**

☐ Married ☐ Single ☐ Head of Household ☐ Other:

Filing Status

Allowances

\$

Additional Withholding Amount

**State Tax Information**

☐ Married ☐ Single ☐ Head of Household ☐ Other:

Filing Status

Allowances

\$

Additional Withholding Amount

☐ **Change in Deductions**

Enter new deduction amounts

Deduction Name (ex. Health Insurance)	Deduction Type (ex. Insurance)	Pre-Tax or Post-Tax?

**Effective Dates and Submitted by:**

Effective Date for Changes Above:

Client Representative Signature:

Client Representative Printed Name:

Date Submitted: