



ACLINE HR

Employee Leasing the Way it Should Be...**SIMPLE SAFE SECURE**

EMPLOYEE CHANGE OF INFORMATION FORM Revised November 2011

Client Name:		Date:
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Employee Name:	
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Social Security Number:	
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Please Select:

<input type="checkbox"/> Change of Address	Mailing Address:		
	City:		
	State:		Zip:

<input type="checkbox"/> Name Change	FROM: _____
	TO: _____

<input type="checkbox"/> Phone # Change	
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<input type="checkbox"/> Change in Pay Rate	From \$ _____ To \$ _____
	Effective Pay Period Beginning _____

<input type="checkbox"/> Other <i>Important Note: A new W-4 is required when you change your tax status and/or number of allowances.</i>	

Employee Signature <small>If applicable</small>		Date:
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Client Signature		Date:
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Please return this form to: ACLINE HR, 25074 Olympia Avenue, Suite 110, Punta Gorda, FL 33950

ACLINE HR

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