TELStaffing & HR
PAYROLL
WORKERS COMP
HUMAN RESOURCES
BENEFITS
STAFFING

98 Weed Street
Pensacola, FL 32514
www.telstaffing.com
info@telstaffing.com
PHONE 850.476.9008
TOLL FREE 866.476.9008
FAX 850.476.9034

Client - Data Change Form

Date: _____/_____/_____

Client Company: _____

Employee Name: _____

Payroll Changes:

Effective pay period beginning date: _____/_____/_____

New rate of pay: $_____

☐ Per Hour ☐ Per Week ☐ Per Bi-Weekly ☐ Per Semi-Monthly ☐ Per Month

☐ Workers Comp Code: _____

☐ Title: _____

Other Changes:

☐ Address: _____City:_____State:_____Zip:_____
*If this change will affect your state withholding status please contact TEL Staffing & HR Payroll Department at 850.476.9008

☐ Telephone Number: (_____)_____–_____

☐ Name (must provide legal documentation)

☐ Stop Direct Deposit: Financial Institution: _____

Account #: _____ Routing#: _____

☐ Other (explain in detail): _____

_____

_____

_____ _____/_____/_____
EMPLOYEE SIGNATURE, IF REQUIRED DATE

_____ _____/_____/_____
SUPERVISORS SIGNATURE (REQUIRED) DATE