



21719 Howard Street
PO Box 41
Reed City, MI 49677
Tel. (231) 832-2573
Fax (231) 525-2252

TO: CBS PAYROLL DEPARTMENT
Fax: (231) 525-2252 or
Email: payroll@cbstaxrc.com

COMPANY: _____

PAYROLL CHANGE NOTICE

EFFECTIVE DATE: _____

EMPLOYEE NAME: _____

DOB: _____

SSN: _____

THE CHANGES(S)

CHECK ALL APPLICABLE BOXES	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> RATE		
<input type="checkbox"/> OTHER		

REASON FOR THE CHANGE(S)

HIRED (SEE ATTACHMENTS BELOW)

RESIGNATION

RE-HIRED

LAYOFF

MERIT INCREASE

DISCHARGE

LEAVE OF ABSENCE FROM _____ UNTIL _____

OTHER (EXPLAIN) _____

ATTACHMENTS:

FEDERAL W4

VOIDED PERSONAL CHECK

MICHIGAN W4

DIRECT DEPOSIT FORM
