



21719 Howard Street/P.O. Box 41
Reed City, MI 49677
Tel. (231) 832-2573
Fax (231) 525-2252
Text (231) 250-7240

TO: CBS PAYROLL DEPARTMENT
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)

RE-HIRED

MERIT INCREASE

RESIGNATION

LAYOFF

DISCHARGE

LEAVE OF ABSENCE FROM _____ UNTIL _____

OTHER (EXPLAIN) _____

ATTACHMENTS:

FEDERAL W4

MICHIGAN W4

DIRECT DEPOSIT FORM

VOIDED PERSONAL CHECK

Signature: _____