



21719 Howard Street/P.O. Box 41  
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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)

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

\_\_\_\_\_

Signature: \_\_\_\_\_