

CHANGE FORM



Restoration &
Specialty Services

| | | | |
|--|--|---|-------------------------------------|
| 1. Employee's Full Name & Job Location should always be completed 2. Send signed originals to HR – to be placed in the Employee's file. | | Phone: 214-351-1708 Fax: 214-351-5404 E-mail: | 9910 Monroe Dr. Dallas, TX 75220 |
| Employee Name: | | Employee ID: | |
| Job Location: | | Effective Date: (| |
| SECTION 1 – EMPLOYEE | | | |
| Old Address: | | New Address: | |
| Old Name: | | (Copies of SS Card are required) New Name: | |
| Old SSN: | | (Copies of SS Card are required) New SSN: | |
| Old Phone: | | New Phone: | |
| Old e-mail: | | New e-mail: | |
| SECTION 2 – JOB INFORMATION | | | |
| Old Job Location: | | New Job Location: | |
| Old Position Title: | | New Position Title: | |
| SECTION 2 – MARITAL STATUS AND DEPENDANTS (Must Fill out new W-4 Form) | | | |
| Old Marital Status: | | New Marital Status: | |
| Old Number of Dependents: | | New Number of Dependents: | |
| SECTION 3 – EMPLOYMENT STATUS | | | |
| | | | |
| SECTION 4 – WAGE / SALARY | | | |
| Current Wage / Salary: \$ per | | New Wage / Salary: \$ per | |
| SECTION 5 - REASON FOR CHANGE | | | |
| | | Notes: | |
| ACKNOWLEDGEMENT BY: | | | |
| <i>Payroll Department -- By my signature below, I certify the information I provided on and in connection with this form is true, accurate and complete.</i> | | | |
| SECTION 7 – AUTHORIZATION | | | |
| Immediate Supervisor's Name and Signature: | | Date: | |
| Employee Name and Signature: | | Date: | |

