



TrigonStaff.com  
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## **NOTICE OF EMPLOYEE CHANGE**

**Please email, mail, or fax form immediately for processing**

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**TYPE OF CHANGE:**

**FROM:**

**TO:**

Payrate: \$ \_\_\_\_\_ per \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_

Job Title/Dept: \_\_\_\_\_

\_\_\_\_\_

Fulltime/Parttime: \_\_\_\_\_ hrs/wk

\_\_\_\_\_ hrs/wk

**NEW INFO ONLY:**

Name Change: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

\_\_\_\_\_

Tax Withholding: copy of new w-4 form required- \_\_\_\_\_

**EMPLOYER/CLIENT APPROVAL:**

Comments: \_\_\_\_\_

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

**TRIGON PAYTECH ONLY:**

**DATE ENTERED IN SYSTEM:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **Signature:** \_\_\_\_\_