



Wisconsin Pay Specialists
Timekeeping, Payroll & Office Solutions

CHANGE REQUEST FORM

Company Name: _____ **PLEASE PRINT**

Purpose of Change: _____
(Example: Married, New Address, Tax Status Change, Rate of Pay Change, etc.)

Employee ID # : _____

Employee Name: _____

Effective Date: _____

Dept: _____ **Current Rate of Pay: \$** _____ **New Rate of Pay: \$** _____

Dept: _____ **Current Rate of Pay: \$** _____ **New Rate of Pay: \$** _____

Vacation Hours: _____ **Misc Pay: \$** _____ **Bonus Pay: \$** _____

Change Tax Filing Status to (Circle One): **Single** **Married** **Exempt**

Fed Exemptions: _____ **Addtl \$** _____ **State Exemptions:** _____ **Addtl \$** _____

Any other changes (new address, name change, vacation, etc., please explain: _____

Physical Locations:
2701 Larsen Road 447 Bus. Hwy 141 N, Suite 4
Green Bay, WI 54303 Coleman, WI 54112

Mailing Address:
P O Box 95
Coleman, WI 54112