



**DIOCESE OF PENSACOLA-TALLAHASSEE
EMPLOYEE INFORMATION CHANGE FORM**

EFFECTIVE DATE OF CHANGE _____

EMPLOYEE INFORMATION

Employee Name _____ SSN _____

Place of Employment _____

PERSONAL INFORMATION CHANGES (Enter NEW information below)

First Name _____ Middle Initial _____ Last Name _____

Home Street Address _____

City _____ County _____ State _____ Zip _____

Marital Status _____

Home Phone # _____ Cell Phone # _____

Home Email - _____ Work Email - _____

CHANGES TO TAX WITHHOLDING

Requires a copy of a properly completed IRS Form W-4 to be submitted before payroll changes will be made. That form and its instructions follow. Fill it in, print, return with this page to the Diocese of Pensacola-Tallahassee Human Resources/Payroll Department for processing.

CHANGES TO MEDICAL/OTHER INSURANCES:

Requires a properly completed Benefit Change Form to be submitted before payroll changes will be made. That form and its instructions follow. Fill it in, print, return with this page to the Diocese of Pensacola-Tallahassee Human Resources/Payroll Department for processing.

CHANGES TO DIRECT DEPOSIT AUTHORIZATION:

Requires a copy of voided check or copy of a bank statement and a Direct Deposit Authorization Form to be submitted before payroll changes will be made. That form and its instructions follow. Fill it in, print, return with this page to the Diocese of Pensacola-Tallahassee Human Resources/Payroll Department for processing.

By signing, I certify that I am currently employed by the Diocese of Pensacola-Tallahassee and that the information provided here and on the additional forms, as required, is accurate and with my approval.

Employee Signature: _____ **Date:** _____