

**PARK CITY SCHOOL DISTRICT
PAYROLL CHANGE FORM**

EMPLOYEE: _____

LOCATION: _____

SS # (last 4 digits): _____ **DATE:** _____

CHANGE OF: (please check the appropriate box and attach all applicable forms/information)

NAME New: _____ Previous: _____
Copy of new social security card required.

ADDRESS _____

PHONE Home: _____ Cell: _____

EMAIL _____

MARITAL STATUS Circle one: Single Married Divorced Separated Widowed

MAIN BANK ACCOUNT Attach a voided check from your new account.
Contact the payroll department before closing your old account!

EXEMPTIONS W-4 form required.

DEDUCTIONS Circle one: Add Change Delete

ADDITIONAL BANK ACCOUNT Name: _____ \$ _____ /mo
Routing # _____ (attach voided check if checking acct)

EXTRA FEDERAL W-4 form required. \$ _____ /mo

EXTRA STATE W-4 form required. \$ _____ /mo

UEA/USEA DUES _____

TSA _____ \$ _____ /mo

OTHER _____

EMPLOYEE SIGNATURE

DATE

??? QUESTIONS ???

Call The District Office Payroll Department: 435-615-0227 direct