

**CARTHAGE INDEPENDENT SCHOOL DISTRICT**

**PAYROLL CHANGE NOTICE**

**EMPLOYEE NAME:** \_\_\_\_\_ **EMP. NO:** \_\_\_\_\_

**SOCIAL SECURITY NO.** \_\_\_\_\_

**TYPE OF CHANGE:**

WITHHOLDING STATUS (ATTACH NEW W-4)

NAME AND/OR ADDRESS CHANGE:

OLD: \_\_\_\_\_ NEW: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VOLUNTARY DEDUCTIONS: ADD/CHANGE/DELETE (ATTACH NEW FORM IF NECESSARY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATE/SALARY OLD: \_\_\_\_\_ NEW: \_\_\_\_\_ OTHER: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_

OTHER: (EXPLAIN) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHANGE AUTHORIZED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHANGE APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_