

EMPLOYER NUMBER: _____ **EMPLOYER NAME:** _____

ADD ___ **CHANGE** ___

Social Security Number	Last Name	First Name	Middle Name	Suffix
Sex	Date of Birth	Home Phone	Work Phone	
Address 1				
Address 2				
City	State	Zip Code	Payroll Schedule	
Date of Hire	Employee Number	HCRA Deposit Per Pay	DCRA Deposit Per Pay	Effective Date of Change
Email Address				First Check Date Deposits To Be Taken

CHANGE EMPLOYEE NAME

Ss Num or Acct Num	New Last Name	New First Name	New Middle Name	New Suffix
--------------------	---------------	----------------	-----------------	------------

TERMINATE EMPLOYEE or STOP DEDUCTIONS

Ss Num or Acct Num	Termination Date	Last Paycheck Deduction To Be Taken	Comments
--------------------	------------------	-------------------------------------	----------

ADDITIONAL COMMENTS (Please Describe)

Ss Num or Acct Num

SIGNATURE BLOCK (All Changes Required At Least Employer Signature)

_____/_____/_____
Employee Signature

_____/_____/_____
Employer Signature (Required)

Complete & return to admin@tri-starsystems.com or
FAX to (314) 985-0261

Mailing Address: Tri-Star Systems 16253 Swingley Ridge Road, Suite 210, Chesterfield, MO 63017