



**EMPLOYER NUMBER:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**ADD \_\_\_ CHANGE \_\_\_ EMPLOYEE**

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
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**TERMINATE EMPLOYEE or STOP DEDUCTIONS**

Ss Num or Acct Num	Termination Date	Last Paycheck Deduction To Be Taken	Comments
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**ADDITIONAL COMMENTS (Please Describe)**

Ss Num or Acct Num	
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**SIGNATURE BLOCK (All Changes Required At Least Employer Signature)**

_____	____/____/____
Employee Signature	
_____	____/____/____
Employer Signature (Required)	

Complete & return to [admin@tri-starsystems.com](mailto:admin@tri-starsystems.com) or FAX to (314) 985-0261  
Mailing Address: Tri-Star Systems 14323 South Outer 40 Road, Suite 200 South Chesterfield, MO 63017

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