



PAYROLL: DATE COMPLETED \_\_\_\_\_

**REACT AND CHANGE OF INFORMATION SHEET**

ONLY FILL OUT THE ITEMS THAT HAVE CHANGED. ALWAYS INCLUDE FIRST AND LAST NAME.

DATE OF SUBMISSION: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

RN  LPN  RT  PT  PTA  OT  COTA  PHARM  OTHER: \_\_\_\_\_

REASON FOR THE REQUEST:  REACT  CHANGE OF INFORMATION

WHAT NEEDS TO CHANGE?  NAME  ADDRESS  PHONE  LOCAL TAX  DIRECT DEPOSIT  W-4

NAME: \_\_\_\_\_ LAST 4 DIGITS OF SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP) E-MAIL: \_\_\_\_\_

DID THEIR MUNICIPALITY CHANGE?

NO  YES--- THEY MUST COMPLETE A LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM [DOWNLOAD PDF](#)

DID THEIR DIRECT DEPOSIT CHANGE?  NO  YES--- SEND THEM A DIRECT DEPOSIT ENROLLMENT FORM TO COMPLETE.

DO THEY NEED TO CHANGE ANYTHING ON THEIR W-4?  NO  YES--- THEY MUST COMPLETE W-4 FORM. [DOWNLOAD PDF](#)

CLICK CHECKBOX AND ENTER NAME FOR DIGITAL SIGNATURE