



EMPLOYEE CHANGE SHEET

FAX THIS FORM TO:

(916) 399-9878

OR MAIL TO:

TRACY STEIN MANAGEMENT SERVICES, INC.
PO BOX 580631
ELK GROVE, CA 95758

EMPLOYEE NAME: _____

CO-EMPLOYER NAME: _____

CHECK THE BOXES NEXT TO THE ITEMS YOU NEED TO CHANGE BELOW AND RETURN TO TMS AS SOON AS POSSIBLE AT THE ADDRESS ABOVE

CHANGE MY MAILING ADDRESS TO:

ADDRESS CITY STATE ZIP

CHANGE PHONE NUMBER TO: _____

CHANGE IN RATE OF PAY TO: \$ _____ / HOUR

CHANGE MY NAME:

FROM TO

REMOVE ME FROM DIRECT DEPOSIT
(I UNDERSTAND I WILL RECIEVE A PAPER CHECK AND THAT IT WILL BE MAILED TO MY ADDRESS BELOW):

ADDRESS CITY STATE ZIP

START DIRECT DEPOSIT (COMPLETE THE DIRECT DEPOSIT FORM. IF YOU NEED A COPY OF THIS FORM YOU CAN OBTAIN IT AT WWW.TRUSTMGMTSERVICES.COM. THIS FORM AND A VOID CHECK SHOULD BE RETURNED TO THE ADDRESS ABOVE):

EMPLOYEE SIGNATURE DATE

PRINT YOUR NAME