



81 Makawao Avenue, Suite 202 ♦ Makawao, HI 96768 ♦ 808/572-6454 ♦ FAX: 808/572-1788
<http://pbs-maui.com>

Employee Change Form

Today's Date ____/____/____ Employee ID as shown on last paystub*: _____

Current Name: _____
Last First Middle Initial

Social Security Number: ____ - ____ - ____

Please update my information as follows:

New Name: _____

NOTE: A name change requires additional documentation such as an approved court document regarding a name change, or a marriage certificate, etc. You may be required to provide revised Forms W-4 and HW-4. (Leave this line blank if not changing your name.)

New Address: _____
Number Street City State Zip Code

New Telephone: Work: ____ - ____ - ____ Home: ____ - ____ - ____

Cell: ____ - ____ - ____

New E-mail Address: _____

By signing this change form, I authorize Professional Business Services, Inc. to update my employee record as listed above.

Your signature: (required) _____ Date: ____/____/____

*You will find your employee number on your paystub in the "Employee #" block. This is a REQUIRED field to verify your identify.