



Town of Wilkesboro Employee Payroll Change Form

To change an existing employee's payroll please complete all of the information below. The payroll department will not process the request until all information is provided. If the employee updates NC-4, W-4 or W-5 the original form must be attached. If changing bank account, attach a voided check.

Part I - To be filled out by employee

Name (First, Middle Initial, Last) _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone (Optional) _____

Social Security #: _____ Driver's License # _____ State _____

Date of Birth: _____ Marital Status _____

Emergency Contact: _____ Phone # _____

Email Address (Optional) _____

Employee Signature: _____ Date: _____

Part II - To be filled by Supervisor if anything changes

Position Title: _____ Department _____

Full-time Regular ____ Part-time Regular ____ Full-time Salary ____ Part-time Salary ____

Hire Date _____ Start Date _____ Salary _____

Supervisor: _____ Department # _____

Notes: _____

Supervisor Signature: _____ Date: _____

Part III - To be filled by Payroll

Received _____ Employee # _____ processed by _____ Date _____

Notes: _____

**Attach
Cancelled
Check here
by stapling**