



EMPLOYEE MAINTENANCE FORM

PINNACLE
EMPLOYEE LEASING

CLIENT COMPANY: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____ - _____ - _____

Change in Address

Change in Phone Number:
() _____ - _____

Change in Dependents
(Please Attach a New W-4)

Change in Rate
\$ _____

OTHER:

Employee Signature: _____
(if applicable)

Date: _____

Client Signature: _____

Date: _____