

# Wills Point ISD

## PAYROLL CHANGE FORM

**TO: PAYROLL DEPARTMENT**

**Please change the following to my records:**

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\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE ID #  
(Note: do *not* put social security #)

\_\_\_\_\_  
CAMPUS

**NOTE: This form can be used to change address, phone number, any deduction removal that is *not* on our cafeteria plan, etc. This form cannot be used to change your name; to change your income tax withholding; to change your health insurance coverage with BCBS; or to change your EFT direct deposit information. We must receive a copy of your new social security card with the name change in order to change your name in payroll; a new W-4 must be filled out to change income tax withholding; a new BCBS application must be filled out to make changes in your health insurance coverage; and a new Authorization Agreement for Electronic Funds Transfer must be filled out to make changes to the automatic deposits of your paycheck.**

**Payroll Office Use Only:**

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**Payroll Date Effective:** \_\_\_\_\_

**Initial changes made in all applicable programs:**

- \_\_\_\_\_ RSCCC Payroll System Deduction Screen
- \_\_\_\_\_ NYR RSCCC Deduction Screen (during summer months)
- \_\_\_\_\_ Benefits Hub for Address and/or deduction changes
- \_\_\_\_\_ Address changes to TRS Activecare (BCBS of Texas)
- \_\_\_\_\_ TRS Pension Reporting System (TRAQS MD 30 records)
- \_\_\_\_\_ RSCCC Payroll System Demographics Screen for address change
- \_\_\_\_\_ Time Clock Plus Program for non-exempt employees