WORKSITE EMPLOYEE CHANGE FORM

EMPLOYEE INFORMATION

Employee Name: _____

Employee Number: _____

Job Title/Department: _____

TYPE OF CHANGE (CHECK ONE)

- ☐ Address
- ☐ Emergency Contact
- ☐ Name Change
- ☐ Phone Number
- ☐ Marital Status
- ☐ Email Address

Please complete only the information that needs to be updated in the section below.

UPDATED INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ **Email:** _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact's Relationship to You: _____

CHANGES REQUIRING DOCUMENTATION

The following changes require submission of a new W-4 form and a copy of your driver's license, social security card, or court document to effect the change:

- ☐ Marital Status
  - ☐ Single ☐ Married ☐ Widowed ☐ Divorced
- ☐ Name Change
  - **Original Name:** _____
  - **New Legal Name:** _____

Employee Signature: _____ **Date:** _____

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

Employee: Fill out and return to your employer.
Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each account to help verify account numbers and bank routing numbers.

ACCOUNT 1

Account 1 type: ◯ Checking ◯ Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

ACCOUNT 2 (REMAINDER TO BE DEPOSITED TO THIS ACCOUNT)

Account 2 type: ◯ Checking ◯ Savings

Bank routing number (ABA number): _____

Account number: _____

Attach a voided check for each account here

AUTHORIZATION

This authorizes D&J Site Construction LLC (the "Company") to send credit entries and appropriate debit and adjustment entries, electronically or by any other commercially accepted method, to my account(s) indicated above and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. law. This authorization will be in effect until the Company receives a written termination notice from me and has a reasonable opportunity to act on it.

Authorized Signature: _____ **Employee ID #:** _____

Print Name: _____ **Date:** _____

MY FAVORITE THINGS

Help us celebrate and recognize you throughout the year.

EMPLOYEE INFORMATION

Name: _____

Birthday (year not required): _____ **Shirt Size:** _____

# of Children That Live With You: _____

FAVORITES

College Sports Team: _____ **Salty Snack:** _____

Candy: _____ **Sonic Drink:** _____

Drink/Refresher: _____ **Dessert:** _____

Hobby: _____ **Restaurant:** _____

Type of Lotto Ticket: _____ **Type of Music:** _____

OTHER INTERESTS

Do you collect anything? _____

If you found a gift card for the amounts below, where would you want it to be?

- $5: _____
- $10: _____
- $20: _____
- $50: _____