



# Change of Employment Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Pays To: \_\_\_\_\_ SETS Case No. \_\_\_\_\_

\_\_\_\_\_ SETS Case No. \_\_\_\_\_

\_\_\_\_\_ SETS Case No. \_\_\_\_\_

**PRIOR EMPLOYER:** \_\_\_\_\_

**NEW EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**PAYROLL ADDRESS (if different from above):**  
\_\_\_\_\_

YES       NO      Are Health Insurance Benefits available through new employer?

Court Ordered Wage Deduction

Voluntary Deduction

**Please Sign and Date**

Revised on 3/20/2009