

COMPANY CHANGE FORM – Miscellaneous

Client Number: _____ Client Name: _____
 Company Number: _____ Company Name: _____
 Date Requested: _____ **Change Effective Date:** _____

(Please note: For proper audit PayData requires advance notice for company changes)

Changing Delivery: _____ (Change Priority Level: _____ Purple Slip to Processing: Y/N)
 Change to Pay Frequency: _____ Change and update: TimeworksPlus / evoClock+ Yes / No / NA
 Change/New Pay Period Begin Date: _____
 Change/New Pay Period End Date: _____ Maximum Hours on check: _____
 Change/New Pay Check Date: _____ Maximum Dollars on check: _____
 Does TOA need to be adjusted if pay frequency changes? _____

Changing to:	Internal Use Only
*Pressure Sealed Checks: Yes / No (verify net check or signature)	* Add company to Log _____
*VMR: RWA / PDF (Checks and or Reports)	* Add company to Log _____
*Change Federal EIN _____	New POA _____

TimeworksPlus Changes

Change/New Overtime Rules: (Choose only one option)
 _____ Overtime after 40 Hours in a pay week _____ No Overtime, All Straight Time
 _____ Overtime after 80 Hours in a pay period _____ Overtime after 40 Hours in a week OR 8 hours per day, whichever is more

Change/New Rounding Rules: (Choose only one option)

_____ No Rounding	_____ C5 - Round to next 5 minute interval in favor of employer
_____ N5 - Round to the nearest 5 minute interval	_____ C10 - Round to next 10 minute interval in favor of employer
_____ N6 - Round to the nearest 6 minute interval	_____ C15 - Round to next 15 minute interval in favor of employer
_____ N10 - Round to the nearest 10 minute interval	_____ Sched15 - Round within 15 minutes of schedule to
_____ N15 - Round to the nearest 15 minute interval	_____ schedule on employee set up screen

Change/New Clock Prompts:

Numeric/Dollar Prompts: _____ Labor Code Prompts: _____

Adjustment to Processing Rules (Shifts, Codes for OT, etc.) _____

Is client being billed for changes? Yes No If yes, amount per pay period \$ _____ Flat amount \$ _____
 I agree to and authorize PAYDATA to make the above changes to our company set up.

Authorized client representative: _____ Title: _____
Signature: _____ **Date:** _____

For PayData use only: Requestor: _____ CSR Rep: _____ Date Requested: _____

Route form to all Departments for Review

	Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
1 -CUST SVC: _____	Date Completed: _____
2 -CSR MGR: _____	Date Completed: _____
3 -FINANCE: _____	Date Completed: _____
4 -TAX: _____	Date Completed: _____
5 -CONVERSION: _____	Date Completed: _____
6 -CONV AUDIT: _____	Date Completed: _____

The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. Company acknowledges that receipt by PayData of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that PayData may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company. Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that PayData shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold PayData harmless and indemnify PayData from any and all claims, injuries and damages, of any nature incurred or suffered by PayData as a result of its reliance upon said facsimile transmission or said electronic signature. This Agreement shall be construed and governed under the laws of Vermont