

Company Name _____

New Hire Active Employee Change Terminated Employee

Employee # _____			
Employee Name – Last Name: _____		First Name: _____	
MI: _____			
Address: _____			
City: _____		State: _____	
Zip Code: _____			
SSN: ____ / ____ / ____		Hire Date: ____ / ____ / ____	
Birth Date: ____ / ____ / ____			
Sex: Male / Female Employment Status (circle one) Full Time Part Time Other _____			
Division: _____		Location: _____	
Department: _____			
Pay Frequency: Weekly / Bi-Weekly / Semi-Monthly / Monthly			
Salary (Per Pay Period): _____		Hourly Rate 1: _____	
		2: _____	
		3: _____	

Tax Deductions

Federal Tax:	Filing Status	# of Exemptions	Please check one of the following (if applicable)
	<input type="checkbox"/> M <input type="checkbox"/> S	[]	Flat Dollar Amount: _____
			Extra Dollar Amount: _____
			Flat Percentage: _____
State Tax:	Filing Status	# of Exemptions	Please check one of the following (if applicable)
	<input type="checkbox"/> M <input type="checkbox"/> S	[]	Flat Dollar Amount: _____
	<input type="checkbox"/> HH		Extra Dollar Amount: _____
			Flat Percentage: _____

Recurring Earnings

Description: _____	Amount: _____	Per Pay / Per Month: _____
Description: _____	Amount: _____	Per Pay / Per Month: _____

Recurring Deductions

Description: _____	Amount: _____	Per Pay / Per Month: _____
Description: _____	Amount: _____	Per Pay / Per Month: _____

Accruals – (Attach Accrual Policy)

Vacation:	Amount: _____	Per: _____	Start Date: ____ / ____ / ____
Sick:	Amount: _____	Per: _____	Start Date: ____ / ____ / ____
Other:	Amount: _____	Per: _____	Start Date: ____ / ____ / ____