

Company Name : **Date:**

Employee # _____ " New Hire " Re-hire " Active Employee Change " Terminated (Date) _____

Employee Name – Last Name: _____ First Name: _____ MI: _____

SSN: ___ / ___ / ___ Birth Date: ___ / ___ / ___ Sex: Male / Female Hire Date: ___ / ___ / ___

Employment Status: " FT " PT " Other _____

Division: _____ Location: _____ Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____ (mandatory for clients using Employee Self Service)

Pay Frequency: " Weekly " Bi-Weekly " Semi-Monthly " Monthly

Salary: " Exempt " Nonexempt " Contractor " Hourly

Pay Rate: Salary per period:\$ _____ OR Per hour: \$ _____ Additional Hourly Rates 1: _____ 2: _____

Recurring Deductions/Earnings

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

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: _____ / _____ / _____

Tax Deductions

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

To ensure security please do NOT email this form