

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: <input type="text"/>	AMOUNT: \$ <input type="text"/>	<i>CHECK ONE:</i> <input type="checkbox"/> PER PAY <input type="checkbox"/> PER MONTH
DESCRIPTION: <input type="text"/>	AMOUNT: \$ <input type="text"/>	<input type="checkbox"/> PER PAY <input type="checkbox"/> PER MONTH
DESCRIPTION: <input type="text"/>	AMOUNT: \$ <input type="text"/>	<input type="checkbox"/> PER PAY <input type="checkbox"/> PER MONTH

ACCRUALS - (ATTACH ACCRUAL POLICY)

VACATION:	AMOUNT: <input type="text"/>	PER: <input type="text"/>	START DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>
SICK:	AMOUNT: <input type="text"/>	PER: <input type="text"/>	START DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>
OTHER:	AMOUNT: <input type="text"/>	PER: <input type="text"/>	START DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>

FEDERAL TAX:

FILING STATUS: MARRIED SINGLE NUMBER OF QUALIFYING CHILDREN: **COMPLETE IF APPLICABLE:**

IS W4 STEP 2 CHECKED? YES NO NUMBER OF OTHER DEPENDENTS: FLAT DOLLAR AMOUNT: \$

SEE W4 FOR INSTRUCTIONS OTHER INCOME: \$ EXTRA DOLLAR AMOUNT: \$

DEDUCTIONS: \$ FLAT PERCENTAGE:

STATE TAX:

FILING STATUS: MARRIED SINGLE HEAD OF HOUSEHOLD **COMPLETE IF APPLICABLE:**

NUMBER OF EXEMPTIONS: FLAT DOLLAR AMOUNT: \$

EXTRA DOLLAR AMOUNT: \$

FLAT PERCENTAGE: