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|-------------|
| Date |
| Client Name |
| Client ID |
| Client PIN |

EMPLOYEE INFORMATION

| | | | |
|--|--------------------|----------------------------------|---------------|
| Employee Is: <input type="radio"/> New Hire <input type="radio"/> Re-Hire <input type="radio"/> Terminated <input type="radio"/> Changing Info | | | |
| First Date of Pay: | | Last Date of Pay: | |
| *If Term or Rehire: Stop Current Deduction(s) <input type="radio"/> Yes <input type="radio"/> No Stop Direct Deposit(s) <input type="radio"/> Yes <input type="radio"/> No | | | |
| LAST Name: | FIRST Name: | Middle Initial: | |
| STREET ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male | | Workers Comp Code | |
| BIRTH Date: / / | | SOCIAL SECURITY # - - | |
| EMAIL ADDRESS: | | | |
| HIRE Date: / / | | Department Name/#: | |
| RATE of Pay: Salary (Annual) \$ | | | |
| Hourly: \$ | Salary(per pay) \$ | Pay Frequency: 52 26 24 12 | |
| HIRE Date: / / | | Department Name/#: | |
| <u>Tax Status</u> | | | |
| FEDERAL: Married / Single | | # of Exemptions | Additional \$ |
| STATE: Married / Single | | # of Exemptions | Additional \$ |
| LOCAL: (If Applicable) Married / Single | | # of Exemptions | County: |
| CURRENT Payroll Information: Rate: Hours: O/T: Tips:\$ | | | |
| Rate: Hours: O/T: Tips:\$ | | | |
| <u>SPECIAL INSTRUCTIONS / NOTES:</u> | | | |