



Date
Client Name
Client ID
Client PIN

**EMPLOYEE INFORMATION** \* indicates required for new hire reporting

Please complete this form and send back to APS along with the completed applicable tax withholding forms to be entered into the payroll system.

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