



Co Name: _____
 Company IID: _____
 Company Code: _____
 New EE Change Rehire

Employee Information

Legal Name: _____
Last Name, First Name, M.I. Preferred Name

Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
Home Mobile Work

Email: _____ Hire Date: _____
 Social Security No: _____ Date of Birth: _____ Sex: _____

Payroll Information

Seasonal Full Time Part Time Temporary

Hourly Rate: _____ Department: _____
 Salary Amt: _____ Department: _____
 Additional Amounts & Departments (Specify): _____
 Workers Comp Class Code: _____
 Owner Officer Excluded
 Activate Etime - Entry Method: Punch Timecard Time Zone: _____

Tax Information

Tax Status (Single/Married/Married but withhold at a Higher Single rate): _____
 # Federal Allowances/Exceptions: _____ Additional FIT amount (if any): _____
 # State Allowances/Exceptions: _____ Additional SIT amount (if any): _____
 SIT (income tax) State: _____ SUI (unemployment) State: _____
 Local Tax Description: _____

Earnings/Deductions/Garnishments *(please include garnishment order)*

Name:	Amount <i>(per payroll)</i> :	Pre/Post Tax:	Additional Information:
1.			
2.			
3.			
4.			

Direct Deposit Information

Bank Name:	Banking/ Savings:	Routing Number:	Account Number:	Full Net:	Amount (if any):
1.					
2.					
3.					
4.					

Activate Employee Access