



Company Name \_\_\_\_\_ Date \_\_\_\_\_

Please check one:

- [ ] New Employee
- [ ] Change of Information on Current Employee
- [ ] Rehire of Old Employee

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Hire \_\_\_\_\_

Salary (per payperiod): \_\_\_\_\_

Hourly Rate #1: \_\_\_\_\_

Hourly Rate #2: \_\_\_\_\_

Hourly Rate #3: \_\_\_\_\_

Deduction type: \_\_\_\_\_ Amount: \_\_\_\_\_

Deduction type: \_\_\_\_\_ Amount: \_\_\_\_\_

Deduction type: \_\_\_\_\_ Amount: \_\_\_\_\_

Marital Status:      Married      Single      Married Withhold Higher

Number of Allowances \_\_\_\_\_      Single Rate

Additional Amount \_\_\_\_\_

Fixed Amount \_\_\_\_\_