



Company Name _____ Date _____

Please check one:

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

Social Security Number _____

First Name _____ Middle Initial _____

Last Name _____

Street _____ State _____ Zip _____

City _____

Department Name _____

Email Address: _____

Date of Birth _____ Date of Hire _____

Gender: M F

Employee Status: Full-Time Part-Time Variable Hour

Salary: _____

Hourly Rate #1: _____

Hourly Rate #2: _____

Hourly Rate #3: _____

Federal Status: Married Single Married Withhold Higher
Number of Allowances _____ Single Rate
Additional Amount _____
Fixed Amount _____