

COMPANY NAME:

New Hire

Active Employee Change

Rehire

EMPLOYEE INFORMATION:

Name as on SS card: _____

Hire Date: _____ Date of Birth: _____

Social Security #: _____ Employee Time Card #: _____

Position: _____ Department: _____

Status: Full-Time or Part-Time or Seasonal Gender: Male or Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

PAY INFORMATION:

Pay Rate: _____

Pay Type: Hourly or Salaried Exempt or Salaried Non-Exempt or Commission or Piecework

TAX INFORMATION:

Tax Withholdings	Filing Status (circle one)	Number of Exemptions	Extra Dollar Amount to Withhold
FEDERAL	Single / Married / Head of Household		
STATE	Single / Married / Head of Household		