

Company Name: _____

NEW EMPLOYEE OR EMPLOYEE CHANGE

PLEASE CIRCLE ONE

Employee Information:

Date: _____

(PLEASE PRINT)

Name: _____
(Last) (First) (SSN)

Department: _____

Supervisor: _____

Hire Date: _____ Starting Wage Rate: _____

Payroll Changes:

Effective Date: _____

Check Boxes	From	To
<input type="checkbox"/> Branch		
<input type="checkbox"/> Dept		
<input type="checkbox"/> Pay		
<input type="checkbox"/> Other		

Additional Options:

Direct Deposit - fill out authorization form

Vacation Accrued: _____ per: year / pay period

Sick Accrued: _____ per: year / pay period

Holiday Pay: yes / no

Other (Brief Explain): _____

Deductions:

Health Insurance \$ _____ Frequency: _____

IRA \$ _____

Draw \$ _____ Frequency: _____

Garnishment \$ _____

Other: _____ Frequency: _____

Other: _____ Frequency: _____

D = Every payroll; T = Two times a month; M = Monthly; O = One time only