

New Employee Payroll Information or Employee Changes

Employer: _____ Employee #: _____

Legal First Name: _____ Legal Last Name: _____ Middle: _____

Social Security#: _____ Nickname: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Primary Email Address: _____

Secondary Email Address: _____

Gender: Male Female Non-Binary Undefined

Date of Birth: ____/____/____ Date of Hire: ____/____/____ Date of Termination: ____/____/____

Position: _____

Team: _____

Department: _____

Branch: _____

Division: _____

Worker's Comp Code: _____

Work Location: _____

Pay Type: Hourly Salary

Rate of Pay: \$_____per _____ (hour/week/pay period/year)

Pay Frequency: Weekly Bi-Weekly Semi-monthly Monthly

Other Earnings (Reimbursements, etc): _____

Deductions (401k, Roth 401k, Benefit plans, etc): _____

Other Notes: _____

Please also include the following:

- Federal W4
- State W4 (if applicable)
- Direct Deposit Authorization with voided check