



Employee Information

Company Name: _____
Employee Name: _____
Social Security: _____
Tax Filing Married Single No. of Exemptions _____
Gender: Male Female (If 0, please input 0)
Date of Birth: _____
Address: _____
City / State / Zip Code: _____
Phone Number: _____
Hire Date: _____
Department Code: _____ Workers' Comp Code: _____
(If Applicable)
Pay Rate: \$ _____

Pay Frequency

Weekly Semi-Monthly
 Bi-Weekly Monthly

Classification

Hourly Salary
 Commission Salary w/OT

Status

Full Time Part Time
 Temporary Seasonal

Any Garnishment orders, including Child Support

Yes No
(If yes, please provide orders)

Effective Date: _____

Office Use Only

Processed by: _____ Date: _____