



Employee New Hire/ Change Form

Company Name _____ Client Number _____

Please Check one:

New Hire Rehire Change Termination

Employee Information:

Employee Name (First, Middle, Last) _____

Division # _____ (if applicable) Department # _____ (if applicable)

Address _____

City _____ State _____ Zip Code _____

Social Security # _____ - _____ - _____

Home Phone # (____) _____ - _____

Hire Date ____/____/____ Birth Date ____/____/____ Term. Date ____/____/____

Hourly Rate \$_____ Salary Amount (per pay period) \$_____

Married / Single (circle one) M / S

of Exemptions Federal _____ # of Exemptions State _____

****For direct deposit, please provide a copy of a voided check with your documents.**

Voluntary Deductions:

**If you should have voluntary deductions (i.e. 401K, Insurance, Med 125, etc.) that should be deducted, please indicate below, along with the deduction amount per pay period.

<u>Deduction Name</u>	<u>Amount</u>	<u>Deduction Name</u>	<u>Amount</u>

Notes: _____

