**EMPLOYEE INFORMATION**

**NAME:**

**ADDRESS:**

**SOCIAL SECURITY#:**

**MARITAL STATUS:**

**# OF EXEMPTIONS:**

**WAGE or SALARY:**

**STANDARD HOURS:**

**DATE OF BIRTH:**

**DATE OF HIRE:**

**DATE FOR HEALTH INS. ELIGIBILITY:**

**DEDUCTIONS: AMOUNTS:**

**DEPT#:**

**\*\*\*PLEASE MAKE COPY OF EMPLOYEE CHECK FOR DIRECT DEPOSIT ENROLLMENT\*\*\***

**Email ADDRESS:**

**(For ONLINE Employee Access)**