

# Employee Personal Action

Form 1010 — Onboarding

## ShiftNPay / Mastercare

### Employee Information

Last Name

First Name

Email

SSN

Hire Date

DOR

Gender

State

Zip

Position

Pay Rate

Hours/Week

Reports To

Resident of

### Marital Status

☐ Married

☐ Divorced

☐ Single

### W-4 & Banking

W-4 Status

Date

☐ Pickup at Office

☐ Direct Deposit

Bank Name

Account #

Routing #

☐ Savings

☐ Checking

### Employment Status / Separation

Employee Name

Position

Quit w/ Notice	Quit No Notice	Terminated	Job Abandonment
Last Day		Supervisor	
Reason			
Witness (if terminated)			
Eligible Rehire: Y			
No			
I-9 Verified			

Administrative

Inactive Date	Completed By
Hours Owed	
Manager/HR	
Payroll Date	

Received by Payroll

Signature

Employee Signature
[ Sign here ]
Date