

Employee Personal Action

Form 1010 — Onboarding

ShiftNPay / Mastercare

Employee Information

Last Name	First Name	
Email	SSN	
Hire Date	DOB	
Gender	State	Zip
Position	Pay Rate	Hours/Month

Reports To

Resident of

Marital Status

Married

Divorced

Single

W-4 & Banking

W-4 Status

Date

Pickup at Office

Direct Deposit

Account #

Routing #

Savings

Checking

Employment Status / Separation

Employee Name

Position

Quit w/ Notice Last Day	Quit No Notice	Terminated Supervisor	Job Abandonment
----------------------------	----------------	--------------------------	-----------------

Reason

Witness (if terminated)

Eligible Rehire: Y No

I-9 Verified

Administrative

Inactive Date	Completed By
---------------	--------------

Hours Owed

Received by Payroll

Signature

Employee Signature

[Sign here]

Date