EMPLOYEE SETUP FORM

GENERAL INFORMATION

Employee # _____   SSN _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ (M) / _____ (D) / _____ (Y)

□ M   □ F

 Email Address _____   Phone Number _____

EMPLOYMENT INFORMATION

Employee has completed the following form:

□ W-4

Does employee want direct deposit of payroll into his/her bank account?

□ No

□ Yes – Direct Deposit Authorization has been completed by the employee.

Hire Date _____ / ___ / _____

Job Title _____

Department _____

Status: □ Active □ Inactive

Pay Type: □ Salaried □ Hourly

Employee Type: □ Full-Time □ Part-Time

Annual Salary (if salaried) $ _____ . _____

Default Hours Per Period: Hourly Rate:

Regular _____   _____._____

Overtime _____   _____._____ or □ 1x □ 1.5x □ 2x □ 3x

DEDUCTIONS

Deduction Name	Amount	Start Date (optional)	Stop Date (optional)	Goal (opt.)

Child Support Information (if employer offers this deduction for electronic payment):

Ordering State: _____ Case Number: _____

OTHER INFORMATION (BENEFITS, PTO, ETC):