NEW / CHANGE EMPLOYEE STATUS FORM

❑ New Hire   ❑ Employee Change   ❑ Terminate (Term date):___/___/___

Basic Information

Emp ID: _____   Last Name: _____   First Name: _____   Middle Name: _____

Address: _____   City: _____   State: ____   Zip: _____

Phone Number (Optional)**:** _____   **Gender** (Optional)**:** ❑ Male ❑ Female   **Birth Date :** _____ /_____ /_____

Social Security #: _____   **Or Temporary Visa #** (if applicable)**:** _____

Department and Status Information

Employee Type: ❑ W2 ❑ 1099   **Employee Status:** ❑ Active ❑ Terminated ❑ New Hire ❑ Rehire   Hire Dates: ____/____/____

Department_____   Worker Comp Code : _____

Pay Rate Information   **Pay Type:** ❑ Hourly ❑ Salary   **Pay Freq:** ❑ Weekly ❑ Semi-Monthly ❑ Monthly ❑ Annually

Base Rate: $_____   Salary: $_____   AutoPay: ❑ Hourly ❑ Salary   Avg. Hours: _____

Tax Information

Federal Tax Info: Filing Status ❑ Single ❑ Married   # Exemptions: _____   Additional Withholding $ _____

State Tax Info:

Filing State: _____   Filing Status: ❑ Single ❑ Married   # Exemptions:_____   Additional Withholding $_____

Unemployment State: _____   Work State: _____

Local Taxes: Filing Status: ❑ Single ❑ Married   # Exemptions: _____ Local Authority Name: _____

Direct Deposit Information

(To activate Direct Deposit, please complete attached <u>Direct Deposit Authorization form.</u> S P S I will create a live check if left blank. First check is always live for pre-note purposes.)

Check One: ❑   Checking   I wish to deposit: ❑   Entire Net Pay   ❑   _____% of Net

                        ❑   Savings   ❑ $_____

Recurring Deductions

Deduction Code / Name   Amount Per Pay Period

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Authorization Signature   **Date**