



NEW EMPLOYEE INFORMATION WORKSHEET

Client Name: _____ **Client #:** _____

New Employee Existing Employee Effective Date of Change: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Email: _____

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

W-4 Filing Status: Married Single

Of Exemptions: Federal: _____ State: _____ Local: _____

Additional Withholding \$ or %: Federal: _____ State: _____ Local: _____

Work in state (need to verify correct unemployment): _____

Direct Deposit (if yes, attach Direct Deposit worksheet and voided check): Yes No

For Internal Use Only

Recurring Earnings: (Earnings to be paid out on every payroll—Auto, Housing, etc.)

Earning 1: _____ Amount/Rate: _____ Earning 2: _____ Amount/Rate: _____

Earning 3: _____ Amount/Rate: _____ Earning 4: _____ Amount/Rate: _____

Recurring Deductions: (Health, Life, Dental, 401(k), etc. to be deducted each payroll)

Deduction 1: _____ Amount/Rate: _____ Cap: _____ Case #: _____

Deduction 2: _____ Amount/Rate: _____ Cap: _____ Case #: _____

Deduction 3: _____ Amount/Rate: _____ Cap: _____ Case #: _____

Deduction 4: _____ Amount/Rate: _____ Cap: _____ Case #: _____

Base Department: _____

Paygroup/Pay Frequency: _____

Employee Number: _____

Hire Date: ____/____/____

Employee Badge: _____

Pay Rate: Hourly Salary _____

Effective Date: ____/____/____

Pay Rate Description: _____

2nd Rate: Hourly Salary _____

Effective Date: ____/____/____

Pay Rate Description: _____