

Employee New Hire/ Change Form

Company Name _____ **Client Number** _____

Please Check one:

New Hire Rehire Change Termination

Employee Information:

Employee Name (First, Middle, Last) _____

Division # _____ (if applicable) **Department #** _____ (if applicable)

Address _____

City _____ **State** _____ **Zip Code** _____

Social Security # _____ - _____ - _____

Home Phone # (____) _____ - _____

Hire Date ___/___/___ **Birth Date** ___/___/___ **Term. Date** ___/___/___

Hourly Rate \$ _____ **Salary Amount (per pay period)** \$ _____

Married / Single (circle one) M / S

of Exemptions Federal _____ **# of Exemptions State** _____

Voluntary Deductions:

**If you should have voluntary deductions (i.e. 401K, Insurance, Med 125, etc.) that should be deducted, please indicate below, along with the deduction amount per pay period.

<u>Deduction Name</u>	<u>Amount</u>	<u>Deduction Name</u>	<u>Amount</u>

Notes: _____

