



## EMPLOYEE NEW HIRE/CHANGE FORM

### Company Information

Company Name	Client Number
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### Employee Action (check one):

Effective Date of Action	<b>NEW HIRE</b>	<b>REHIRE</b>	<b>CHANGE</b>	<b>TERMINATION</b>
Explanation of Action				
Department Number	Division Number			

### Employee Information

First Name		Middle Initial	Last Name	
Address, City, State, Zip Code				
County	Birthdate	Married / Single (M/S)		Gender
Social Security Number		Home Phone		Mobile Phone
Work Email			Personal Email	
Job Title			Full-time / Part-time / Seasonal / Temp	
Hire Date	Termination Date	Filing Status – Married / Single	Federal Exemptions	State Exemptions
Hourly Rate 1	Hourly Rate 2	Hourly Rate 3		Salary Amount (per pay period)

### Voluntary Deductions

If you have voluntary deductions (i.e. 401k, Insurance, Med 125, etc.) requiring deduction from your paycheck, indicate below, along with the deduction amount per pay period.

Deduction Name	Amount	Deduction Name	Amount
Deduction Name	Amount	Deduction Name	Amount

**Notes:**

Authorized Signature	Title	Printed Name	Date