



Employee Set-Up Form

New Employee Employee Change

Company Name: _____

Status: (check one) New Hire Active Inactive Terminated Rehire Payment Check

Employee ID: _____ Division: _____ Department: _____

Pay Frequency: (check one) Weekly Bi-Weekly Semi-monthly Monthly Quarterly

EMPLOYEE INFORMATION

Employee Full Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Gender: _____ Social Security Number: _____

Job Title: _____ Clock Number: _____

Term Date: _____ Reason: _____

DOB: _____ Hire Date: _____ Compensation: _____ Per: (check one) Hour Pay Period

TAXES

Income Tax State _____ Unemployment Tax State _____

Marital Status: (check one) Married Single Married, tax as single

Federal Exemptions: _____ State Exemptions: _____ Extra Federal Withholding: _____ Extra State Withholding: _____

DEDUCTIONS

Type	Amount of Pay	Goal	Pre-TAX	Effective Date
Health Insurance			Y N	
Dental			Y N	
401(k)			Y N	
Other:			Y N	
Other:			Y N	
Other:			Y N	

ACCRUALS

Type	Amount Per Pay	Effective Date
Vacation	Hrs	
Sick	Hrs	
Holiday	Hrs	
PTO	Hrs	
Other:	Hrs	
Other:	Hrs	

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