

NEW HIRE INFORMATION

Company Name: _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

Social Security / Gov't ID #: _____ Date of Birth: _____ Gender: M F

POSITION & PAY

Title: _____ Department: _____

Date of Hire: _____ Salary Rate: \$ _____ Hourly Rate: \$ _____

Position Status: Full-Time Part-Time Per-Diem Seasonal

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Employee Self Service: YES NO **employee email address is required for this option

Direct Deposit – To enroll, please complete the direct deposit form and include a voided check

Payroll Pay Card – To enroll, please complete the direct deposit form and select this option

WITHHOLDING & BENEFITS

Include a completed copy of 2020 updated form W-4 for employee withholding information

State: Married Single Exemptions: _____ Additional Amount/%: _____

Local tax jurisdiction: _____ Additional Amount/%: _____

Garnishments: YES NO **If yes, please include garnishment order**

Retirement Contribution: None YES - Percentage (%) _____ YES - Amount (\$) _____

Health Benefits: None EE Only EE & Spouse EE & Children Family Date Eligible: _____

HSA Contribution: None Individual Family Percentage (%): _____ Amount (\$): _____

Paid Family Leave Exempt: YES NO Waiver Signed

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____