

NEW HIRE INFORMATION AND CHANGE FORM

Client Name: _____ Account #: _____

Please check as applicable:

New Hire Part-time Full-time Re-hire Temp

or

Change Only: Effective Date of Change: _____

(Complete only the data that is changing)

EMPLOYEE INFORMATION

Employee Name: _____ Employee #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security #: _____

Date of Birth: _____ Gender: Male Female

Hire Date: _____ Rate of Pay: _____ per _____

Pay Frequency: Weekly Bi-Weekly Semi -Monthly Monthly

WITHHOLDING

(If changing FEDERAL or STATE withholdings, please complete a new Federal W-4 or State form):

Marital Status: Married Single

Number of Exemptions: Federal Exemptions: _____ State Exemptions: _____

Additional Amount to be withheld: Federal _____ State _____

DIVISION / DEPARTMENT INFORMATION

Division Name: _____

Division #: _____ Department #: _____

Job Description: _____ Comp Code: _____

Approved by: _____ Date: _____

Please FAX or E-mail to the attention of your Payroll Specialist.