**EMPLOYEE INFORMATION SHEET**

Complete this form for each employee.

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| **General Information** |
| Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(This email address will be used to access their pay stubs and payroll information online) | Birth Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_Hire Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender € Female € Male |
| **Direct Deposit Information** |
| Will this employee be paid by direct deposit?* Yes. If so, please complete the Authorization of Direct Deposit form
* No
 |
| **Tax Information**  |
| Please attach or specify the following information for this employee:* Attach completed federal Form W-4
* Attach completed state withholding form. *Only applicable if state income tax and filing status/allowances are different from federal*
 |
| **Pay Information**  |
| Which types of pay does this employee receive? |
| * Salary $\_\_\_\_\_\_ per \_\_\_\_

Hourly Rates (up to 8 different)* + $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
 | * + Overtime Pay
	+ Double Overtime
	+ Sick Pay
	+ Holiday Pay
	+ Vacation Pay
	+ Bonus
	+ Commission
	+ Allowance
	+ Reimbursement
	+ Cash Tips
	+ Paycheck Tips
 | * + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Pay Frequency*** Every Week
* Every Other Week\*
* Twice a Month
* Every Month
	+ Other\_\_\_\_\_\_\_\_
 | **Payday details** |
| **Payroll Deductions**  |
| Select the voluntary deductions (if any) that apply and enter the $ or % amount to be deducted from each paycheck. |
| **Deduction**  | **$ Amount or****% of Gross** | **Deduction**  | **$ Amount or** **% of Gross**  |
| * + Pre-tax medical
	+ Pre-tax vision
	+ Pre-tax dental
	+ Taxable medical
	+ Taxable vision
	+ Taxable dental
	+ 401(k)
	+ Simple 401(k)
 |  | * + 403(b)
	+ Simple IRA
	+ SARSEP
	+ Medical expense FSA
	+ Dependent care FSA
	+ Loan Repayment
	+ Cash Advance Repayment
* Other \_\_\_\_\_\_\_\_\_\_
 |  |
| Is this employee subject to wage garnishments, such as a federal tax or child support garnishment? * Yes If so, attach copies of all garnishment orders
* No
 |
| **Sick and Vacation** |
| If this employee earns paid time off, complete the section below; otherwise, leave blank. |
| **Sick Pay**No. of Hours Earned Per Year \_\_\_\_\_\_\_\_Max. hours accrued per year (if any) \_\_\_\_\_\_\_\_Current Balance \_\_\_\_\_\_\_\_Hours are accrued: * As a lump sum at the beginning of year
* Each pay period
* Each hour worked
 | **Vacation Pay**No. of Hours Earned Per Year \_\_\_\_\_\_\_\_Max. hours accrued per year (if any) \_\_\_\_\_\_\_\_Current Balance \_\_\_\_\_\_\_\_Hours are accrued: * + - As a lump sum at the beginning of year
		- Each pay period
		- Each hour worked
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**Notes**