**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**