



Company Name:

Employee Enrollment Form

Name & Residential Address

Employee Name

First Name

Last Name

Address

Street

Unit #

City

State

Zip (Zip+4 digit code)

County

Phone Number

Male

Female

Social Security Number

Department Code (optional)

Email Address

Pay Type & Hire Date

Employee is paid: Hourly Salary

Birth Date & Hired Date

Birth Date

Hired Date

Employee Type

Active

New Hire

Active Status

Full Time

Part Time

Inactive

Terminated

Temporary

1099 Contractor

Bank Information

Paper Check

Direct Deposit

Bank Accounts

Checking or Savings	Bank Name	Routing Number	Account Number	% or \$ Amt

Company Name:

Employee Enrollment Form

Deductions

Deduction Name	Pre or Post Tax	Amount	% or \$ Amt

Wage & Tax Information

Wages

\$/hour \$/check

Regular Pay

\$/hour

Overtime Rate

\$/hour

Other Rate

Federal Tax Information (Filing Status)

Married

Single

Allowances

\$

Additional Withholding Amount

State Tax Information (Filing Status)

Married

Single

Head of Household

Other:

Allowances

\$

Additional Withholding Amount

(If tax information is not completed we will automatically default to single 0)

Employee Work Location (where work is reported done)

Address

Street

City

Unit #

State

Zip (Zip+4 digit code)