

Company Name:

Employee Name: First, Middle, Last (Legal Name) **Nickname:**

Social Security Number: **Date of Birth:** **Hire Date:**

Employee Address:

City, State, Zip:

Division: **Location:** **Department:**

Pay Frequency: **Pay Type: Circle One** **Pay Rate:**
 Hourly Salary

Pay Rate Notes:

Paid Time off:	Accrual Type	Amount Earned	Balance (if converting)
1			
2			
3			

Deductions:	Description	Amount per Pay Period	Percentage
1			
2			
3			

W4 Attached: Circle One Yes No **Direct Deposit Attached:** Circle One Yes No **Voided Check Attached:** Circle One Yes No

If NO: They will be entered with default Single-0 If NO; Live Check will be issued If NO: Employees responsibility to provide valid information

Misc Notes:

