Payroll Division

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Employee Information Form

(please fill out all available fields in legible print)

Social Security Number * ___ - ___ - ____

Date of Hire * __ / __ / __

First Name *

Middle (or Middle Initial)

Last Name *

Gender * ◯ Male ◯ Female

Address 1 *

Date of Birth * __ / __ / ____

Address 2 *

City *

State * __

Zip * _____

Email Address

Pay Rate * $ ____ . __

Rate is Per (check one) *****
◯ Hour ◯ Day ◯ Week ◯ Month ◯ Quarter ◯ Year

Pay Frequency (check one) *****
◯ Weekly ◯ Bi-Weekly ◯ Semi-monthly ◯ Monthly ◯ Quarterly

Federal Filing Status (check one) *****
◯ Single ◯ Married filing Joint ◯ Married, withholding at Higher Single Rate

Allowances * __

Additional Federal Withholdings (check one)
◯ None ◯ Withhold flat $$ Amount: $ ____ . __ ◯ Withhold percentage: __ . __ %

State Filing Status (check one) *****
◯ Single ◯ Married filing Joint ◯ Married, withholding at Higher Single Rate

Allowances * __

Additional State Withholdings (check one)
◯ None ◯ Withhold flat $$ Amount: $ ____ . __ ◯ Withhold percentage: __ . __ %

Direct Deposit Information

MUST include a voided check or Direct Deposit statement from bank.
Optima cannot be held responsible for incorrectly noted information

Bank Name *

Bank Routing # * _____

Bank Account # *

Account Type (check one) *****
◯ Checking ◯ Savings

Deposit Amount (check one) *****
◯ Full Amount ◯ Partial $ $ ____ . __ ◯ Partial % __ . __ %