



New Employee Form

Employee Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell or landline (*circle one*)

Email Address: _____

Date of Birth: _____

Hire Date: _____

Wage: _____ Salary/Hourly (*circle one*)

Does your company use Job Codes? *Yes/No*

If yes, does this employee use the same code every day? *Yes/no*

If yes, what job code does this employee use? _____

If employee uses multiple codes while on the job, please discuss job codes with me, I can get you set up for SAIF reporting

Vacation/Sick Time

Does the employee receive vacation/sick or PTO time to use? *Yes/No*

If yes, which one? _____

How is it accrued/earned? _____

If the employee receives any of the following benefits, please let me know so we can set it up correctly.

Health Insurance Deductions/employer contributions

Mileage Reimbursements

401k/Retirement Deductions/Employer Contributions

Tips

Pine Tree Accounting Solutions LLC
PO Box 115 * Eagle Point, OR * 97524
(541)840-0539/Email: wendy@pinetreeacct.com
www.pinetreeaccountingsolutions.com