



Employee New Hire/Change Form			Company Information		
Date:	Approval:	Co. Name:		Co. Number:	
	***All areas in bol	d and italicized must be	e completed.		
New Employee		Change En	nployee Information		
Employee #		S.S.#			
Name					
First		Middle I.	Last		
Address					
City	Sta	ateZip	Email		
Hire Date	Birth Date	Dept#:	Time Card	#	
Federal Witholding Rate		State Withho	Iding Rate State		
Additional Amount					
			School District Code		
Salary period	Hourly Rate	O/T Rate _	Pay Fi	requency	
per pay period	-			requency	
Title					
TitleSupervisor		Dept	Gender	Division	
TitleSupervisor	Location	Dept	Gender	Division	
Title Supervisor EEO Classification	Location	DeptEEO Job Code _	Gender	Division	
Title Supervisor EEO Classification	Location	Dept. EEO Job Code Amount	Gender	Division	
Title Supervisor EEO Classification Deduction 1 Deduction 2	Location Deduction Name	Dept. EEO Job Code Amount Amount	GenderNote	Division	
Title Supervisor EEO Classification Deduction 1 Deduction 2 Deduction 3	Location Deduction Name	Dept. EEO Job Code Amount Amount Amount	GenderNoteNote	Division	
Title Supervisor EEO Classification Deduction 1 Deduction 2 Deduction 3 Deduction 4	Location Deduction Name	Dept. EEO Job Code Amount Amount Amount Amount	GenderNoteNoteNoteNote	Division	
Title Supervisor EEO Classification Deduction 1 Deduction 2 Deduction 3 Deduction 4 Deduction 5	Location	Dept. EEO Job Code Amount Amount Amount Amount Amount Amount	GenderNote	Division	
Title Supervisor EEO Classification Deduction 1 Deduction 2 Deduction 3 Deduction 4 Deduction 5	Location Deduction Name	Dept. EEO Job Code Amount Amount Amount Amount Amount Amount	GenderNote	Division	
Title	Location	Dept. EEO Job Code Amount Amount Amount Amount Amount Amount Amount	GenderNote	Division	

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