

* Required fields



Employee Data Sheet

* Company Name: _____ Company Code: _____

* Employee Name: _____ * SSN: _____

*

Address _____ City _____ State _____ Zip _____

* Email: _____

* Phone: _____

* Birth Date: _____

* Hire Date: _____ ☐ Rehire * Status: ☐ Full-time ☐ Part-time ☐ Temp

Marital Status: _____ Gender: _____ Supervisor: _____

Title: _____ Dept: _____

Block from Timekeeping? _____ Location: _____

* Eligible for Benefits? _____ * Eligible for Accruals? _____

* Pay Information

* Pay Rate: \$ _____ ☐ Hourly ☐ Salary ☐ Non-Exempt ☐ Exempt

☐ Direct Deposit / Pay Card **Send DD Form** ☐ Physical check

* Tax Information

Federal Withholding from W4 (or send W4)

Step 1 c

____ Single or Married filing separately

____ Married filing

____ Head of Household

Step 2(c) checked? ____ yes ____ no

Step 3 Line 3 \$ _____

Step 4

4(a) \$ _____

4(b) \$ _____

4(c) \$ _____

Work State: _____

Please send state withholding form

* Person Completing Form:

Employer: _____ Date: _____