



New Employee Information

PLEASE PRINT CLEARLY

Company _____

Employee Name _____

Address _____

Phone (H) _____ (C) _____

Email (*used to access paystubs*) _____

Social Security # _____

Birth Date _____ Male _____ Female _____

Hire Date _____ FT _____ PT _____ Temp _____

Rate of Pay: Hourly _____ Salary _____

Dept. Name or # _____

Deductions (*Health or Retirement*) _____

Other _____

*Please include Federal W4 and State tax withholding forms completed and signed by employee.

**If opting for Direct Deposit, include a voided check (NOT A DEPOSIT SLIP).