



Employee New Hire/Change Form	Company Information
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<b>Date:</b> _____	<b>Approval:</b> _____	<b>Co. Name:</b> _____	<b>Co. Number:</b> _____
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\*\*\*All areas in bold and italicized must be completed.

<input type="checkbox"/> <b><i>New Employee</i></b>	<input type="checkbox"/> <b><i>Change Employee Information</i></b>
<b><i>Employee #</i></b> _____	<b><i>S.S.#</i></b> _____
<b><i>Name</i></b> _____	
<small>First</small> _____	<small>Middle I.</small> _____
<small>Last</small> _____	
<b><i>Address</i></b> _____	
<b><i>City</i></b> _____	<b><i>State</i></b> _____
<b><i>Zip</i></b> _____	<b><i>Email</i></b> _____
<b><i>Start Date</i></b> _____	<b><i>Hire Date</i></b> _____
<b><i>Birth Date</i></b> _____	<b><i>Dept No.</i></b> _____
<b><i>Timecard #</i></b> _____	

<b><i>Federal Withholding Rate</i></b>	<b><i>State Withholding Rate</i></b>
<b><i>Filing Status</i></b> _____	<b><i>Filing Status</i></b> _____
<b><i># of Allowances</i></b> _____	<b><i># of Allowances</i></b> _____
<b><i>Additional Amount</i></b> _____	<b><i>Additional Amount</i></b> _____
<b><i>State</i></b> _____	<b><i>SD Code</i></b> _____

<b><i>Salary</i></b> _____	<b><i>Hourly Rate</i></b> _____	<b><i>PartTime</i></b> _____	<b><i>FullTime</i></b> _____
<small>per pay period</small>		<small>Circle One</small>	<b><i>Pay Frequency</i></b> _____

TIME OFF ACCRUAL SETUP		
<b><i>PTO Start Date</i></b> _____	<b><i>Hours</i></b> _____	<b><i>Vacation Start Date</i></b> _____

<b><i>Title</i></b> _____	<b><i>Gender</i></b> _____
<b><i>Supervisor</i></b> _____	<b><i>Location</i></b> _____
<b><i>Dept. No.</i></b> _____	<b><i>Division</i></b> _____
<b><i>EEO Classification</i></b> _____	<b><i>EEO Job Code</i></b> _____
	<b><i>W/C Code:</i></b> _____

<b><u>Deduction Name</u></b>		
Deduction 1 _____	Amount _____	Note _____
Deduction 2 _____	Amount _____	Note _____
Deduction 3 _____	Amount _____	Note _____
Deduction 4 _____	Amount _____	Note _____
Deduction 5 _____	Amount _____	Note _____
Deduction 5 _____	Amount _____	Note _____
Deduction 7 _____	Amount _____	Note _____
Deduction 8 _____	Amount _____	Note _____