

NEW EMPLOYEE SET UP FORM

(This Form To Be Completed by the Employer)

Company Name: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City, State, Zip: _____

Birth Date: _____ Gender: _____ Hire Date: _____

Social Security #: _____ Department: _____

Worker's Comp Class: _____ Title: _____

Payment Method:

Check

Direct Deposit

(include agreement and copy of voided check)

Pay Rate: \$ _____ per hour

\$ _____ salary per pay period

Tax Withholdings (Exemptions):

Married _____ # of Dependents

Single _____ # of Dependents

Married but withhold at higher single rate _____ # of Dependents

Vacation (PTO) Policy / Sick Policy / Deductions / Garnishments (if any):

Type _____	Amount	\$ _____
Type _____	Amount	\$ _____
Type _____	Amount	\$ _____