



**New Employee Payroll Information or Employee Changes**

Employer: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Employee #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Division: \_\_\_\_\_

Branch: \_\_\_\_\_

Department: \_\_\_\_\_

Team: \_\_\_\_\_

Pay Frequency:  Weekly  
 Bi-Weekly  
 Semi-monthly  
 Monthly

Rate of Pay: \_\_\_\_\_  Hourly  Salary

Worker's Comp Code: \_\_\_\_\_

Marital Status: Federal \_\_\_\_\_ State: \_\_\_\_\_

Dependents: Federal \_\_\_\_\_ State: \_\_\_\_\_

Additional Withholding: Federal: \_\_\_\_\_ State: \_\_\_\_\_

Other Deductions and Pay Items: \_\_\_\_\_

401 (k) \_\_\_\_\_%

Simple IRA \_\_\_\_\_%

