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### Section 1: General Information

Company Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Gender:  Male  Female  
Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Location: \_\_\_\_\_ Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Workers' Comp Class: \_\_\_\_\_  
Grant online access to employee portal? (Employee email is required):  Yes  No

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### Section 2: Compensation Information

Is this employee full time or part time?  Full Time  Part Time  
Pay Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  
This employee's Regular Hourly rate is \$ \_\_\_\_\_ Per Hour  
This employee's Salary is \$ \_\_\_\_\_ Per Year  
Does this employee receive tips?  Yes  No  
Additional Pay Information: \_\_\_\_\_

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### Section 3: Tax Information

Please include a signed/dated copy of this employee's W-4 and a copy of a completed state withholding form.

Federal Filing Status:  Single  Married  Head of Household  Exempt  
Number of Federal Exemptions: \_\_\_\_\_ Additional Federal Withholding: \_\_\_\_\_  
Number of State Exemptions: \_\_\_\_\_ Additional State Withholding: \_\_\_\_\_  
Specify any local taxes to be withheld from this employee's pay: \_\_\_\_\_  
Specify and payroll taxes that this employee is exempt from: \_\_\_\_\_  
Additional tax Information: \_\_\_\_\_

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### Section 4: Deductions and Garnishments

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Please list the deductions that apply and enter the \$ or % amount to be deducted from each paycheck. For example, write 401k - 10% of Compensation, Medical - \$100 per pay period, Life Insurance - \$10 per pay period.

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Is this employee subject to any wage garnishments?  Yes  No

If yes, please attach copies of all garnishment orders.

### Section 5: Paid Time Off

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If this employee earns paid time off, complete the section below; otherwise leave blank.

Sick Pay

Vacation Pay

Hours earned per year: \_\_\_\_\_ Hours earned per year: \_\_\_\_\_

Max hours accrued per year: \_\_\_\_\_ Max hours accrued per year: \_\_\_\_\_

Current balance: \_\_\_\_\_ Current balance: \_\_\_\_\_

Hours are accrued:

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- As a lump sum at the beginning of the year
- Each Month
- Each Pay Period
- Each Hour Worked

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