



EMPLOYEE NEW / CHANGE FORM

Date _____ Client ID # _____ New ☐ Change ☐

EMPLOYEE INFORMATION

SS # _____ - _____ - _____ Date of Birth ____/____/____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Email Address: _____

Male ☐ Female ☐ Married ☐ Single ☐ # of Exemptions _____ (Federal)
Married ☐ Single ☐ # of Exemptions _____ (State)

Race _____ (From EEO-1 Self Identification Form)

DEPARTMENT AND STATUS INFORMATION

Type of Employee: W-2 Employee ☐ 1099 ☐

Date of Hire ____/____/____ Department / Division _____

Full-Time ☐ Part-Time ☐ Termination Date ____/____/____

PAY RATE INFORMATION

Hourly ☐ Salaried ☐

Hourly Rate _____ Annual Salary Rate _____

Pay Frequency: Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐