Employee New/Change Form

EBC
INSURANCE • PAYROLL • HR SERVICES

Date_____ Client ID #_____ New ☐ Change ☐

EMPLOYEE INFORMATION

SS #_____-_____-_____

Last Name_____ First Name_____MI_____

Address_____

City_____State____Zip Code_____

Date of Birth __/__/____ Male ☐ Female ☐

Phone Number ___-___-____ Married ☐ Single ☐ # of Exemptions___

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 ☐

INSURANCE, HR AND PAYROLL SERVICES
1900 Ridge Road, West Seneca, NY 14224 Tel: 716-674-7900 Fax: 716-674-9350