



# New Employee Or Change Data

EMPLOYER NAME

REASON FOR CHANGE

## Employee Information

Employee Number	Time Card Number	
Last	First	Middle
Address		
City	State	ZIP
SSN	DOB	Gender
Phone	Business E-mail	

## Position and Wage Information

Status		
Full – Part Time	Job Title	Division
Date of Hire	Pay Frequency	Location
Date of Change	Pay Type	Department
Date of Separation	Wage Rate	Supervisors Name
Workers Comp Class		

## Withholding & W-4 Information

(Please Attach copy of W-4)

State of Tax Residence

	Federal	State
Marital Status		
Exemptions		
Additional Withholding		
Alternative Tax %		

## Deductions and Reimbursements

	Employee	Employer
Health Ins		
Dental		
Vision		
401k		
Garnishment (Attach Copy of Order)		
Advance		