



Employee New Hire/Change Form	Company Information
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Date: _____	Approval: _____	Co. Name: _____	Co. Number: _____
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***** All areas in bold and italicized must be completed.**

<input type="checkbox"/> <i>New Employee</i> Employee # _____ Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> First Middle I. Last </small> Address _____ City _____ State _____ Zip _____ Email _____ Hire Date _____ Birth Date _____	<input type="checkbox"/> <i>Change Employee Information</i> S.S.# _____ Dept#: _____ W/C Code: _____
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<u>Federal Withholding Rate</u> Filing Status _____ # of Allowances _____ Additional Amount _____	<u>State Withholding Rate</u> State _____ Filing Status _____ # of Allowances _____ Additional Amount _____ School District Code _____
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Salary _____ <small>per pay period</small>	Hourly Rate _____	O/T Rate _____	Pay Frequency _____
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Title _____	Gender _____
Supervisor _____	Location _____ Dept. _____ Division _____
EEO Classification _____	EEO Job Code _____

<u>Deduction Name</u>	<u>Amount</u>	<u>Note</u>
Deduction 1 _____	Amount _____	Note _____
Deduction 2 _____	Amount _____	Note _____
Deduction 3 _____	Amount _____	Note _____
Deduction 4 _____	Amount _____	Note _____
Deduction 5 _____	Amount _____	Note _____
Deduction 5 _____	Amount _____	Note _____
Deduction 7 _____	Amount _____	Note _____
Deduction 8 _____	Amount _____	Note _____