



5535 Greenridge Drive, Toledo, OH 43615

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"/> New Employee	<input type="checkbox"/> Change Employee Information
Employee # _____	S.S.# _____
Name _____ <small style="display: flex; justify-content: space-between;">FirstMiddle I.Last</small>	
Address _____	
City _____	State _____ Zip _____
Hire Date _____ Birth Date _____	Dept#: _____ W/C Code: _____

<u>Federal Withholding Rate</u>	<u>State Withholding Rate</u> State _____
Filing Status _____	Filing Status _____
# of Allowances _____	# of Allowances _____
Additional Amount _____	Additional Amount _____
	School District Code _____

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>	Amount	Note
Deduction 1 _____	_____	_____
Deduction 2 _____	_____	_____
Deduction 3 _____	_____	_____
Deduction 4 _____	_____	_____
Deduction 5 _____	_____	_____
Deduction 5 _____	_____	_____
Deduction 7 _____	_____	_____
Deduction 8 _____	_____	_____