



NEW / RETURNING
EMPLOYEE SETUP FORM

COMPANY NAME: _____

Please select One:

New Hire:

Rehire:

MANDATORY EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER: _____ EMPLOYEE NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF HIRE: _____ HOURLY RATE OR SALARY: _____

FULL TIME PART TIME HOME DEPARTMENT: _____

FREQUENCY: (circle one) WEEKLY / BI-WEEKLY / SEMI-MONTHLY / MONTHLY/ ANNUAL

Federal Tax Withholding _____

Marital Status Single/ Married/ Head of Household (circle one)

State Tax Withholding _____

Marital Status Single/ Married/ Head of Household (circle one)

Number of Exemptions: _____

Number of Exemptions: _____

Eligible for Dependent health Benefits: Yes / No

If "Yes," Date Eligible for Benefits: _____

OPTIONAL EMPLOYEE INFORMATION

MALE FEMALE DATE OF BIRTH: _____

DIRECT DEPOSIT INFORMATION

Name of Bank: _____

Routing Number: _____

Account Number: _____

CHECKING SAVINGS

SPECIAL INSTRUCTIONS:

PLEASE PRINT CLEARLY