

**General Information**

Employer Name	Date Submitted
Select the purpose of this form below:	
<input type="checkbox"/> New Hire Form- Hire Date _____ <input type="checkbox"/> Employee Termination- Date _____ <input type="checkbox"/> Changes to Original Form	

**Employee Information**

First Name	M.I.
Last Name	
Social Security Number	Date of Birth
Address	
City	State
	Zip Code
Email Address	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Work Location	

**Payroll Items**

<b>Pay Type (Select One)</b>	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly	
Salary	Annual Salary Amount \$ _____	
Hourly/Daily Rate	Item Type:	Rate Amount \$ _____
	Item Type:	Rate Amount \$ _____
<b>Deduction Items</b>		
Pre-Tax Items	Item Type:	Rate Amount \$ _____
	Item Type:	Rate Amount \$ _____
	Item Type:	Rate Amount \$ _____
	Item Type:	Rate Amount \$ _____
After- Tax Items	Item Type:	Rate Amount \$ _____
	Item Type:	Rate Amount \$ _____
	Item Type:	Rate Amount \$ _____
	Item Type:	Rate Amount \$ _____
Retirement Plan Match	<input type="checkbox"/> Yes <input type="checkbox"/> No	Match % _____

**Other Forms Attached**

I-9
  W-4
  K-4
  OK-W4
  Direct Deposit Authorization & Voided Check(s)

**Additional Notes**

\_\_\_\_\_