



EMPLOYEE SETUP FORM

Date Submitted: _____

First Name _____ M.I. _____ Last Name _____	<input type="checkbox"/> Hire Date: _____
Address _____	
City _____ State _____ Zip _____ County _____	Auth. Signature _____
SSN _____ DOB _____	
E-Mail _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
LOCATION	
Default Location _____ Other _____	
Default Department _____ Other _____	

PAYROLL ITEMS

PAY TYPE (select one): Salary Hourly Other

Salary: Annual Salary \$ _____

Hourly: Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____

Commission/Bonus Amount: _____ **Vacation Time/Accrual Rate:** _____

DEDUCTION ITEMS

Pre-Tax Items: Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____

After-Tax Items: Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____

Retirement Plan Employer Match: Yes No Match % _____

WITHHOLDING INFORMATION

W-4 FEDERAL	NC-4 STATE	OTHER STATE
<input type="checkbox"/> Single <input type="checkbox"/> Married	Personal Exemption _____	
<input type="checkbox"/> Married withhold at Single rate	Dependent Exemption _____	
Total Allowances (Box 5) _____ Additional w/h _____	Additional State w/h _____	

DIRECT DEPOSIT

Please attach voided check for each account (no deposit tickets)

Please attach Direct Deposit Authorization form

NOTES