

# Employee Action Form



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Email: \_\_\_\_\_

Start Date: \_\_\_\_\_

Rate of Pay & Department: \_\_\_\_\_

PTO Accrual Rate: \_\_\_\_\_

Health Premium Deductions Per Paycheck:

Medical: \_\_\_\_\_

Dental: \_\_\_\_\_

Vision: \_\_\_\_\_

Aflac: \_\_\_\_\_

Supporting Documents attached:

- Direct Deposit
- W-4
- K-4
- Retirement Deferral

Date sent to Dunning Advisors: \_\_\_\_\_

