



Set Up or Change

Date: _____

EMPLOYEE SETUP/CHANGE FORM

CO#	Company Name	Division	Dept.

Employee ID #							

Last Name	First Name	Middle Name	Social Security #

Address	City	State	Zip

FITW Status	# of Exemptions	SITW (State of Residence)	SUI (State Employed In)
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED			

Local Tax #1	Filing Status	Workers Comp	Direct Deposit?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Add'l Withholding (flat \$ or % of gross)	Employee Status (check one)
\$ _____ % _____	<input type="checkbox"/> ACTIVE <input type="checkbox"/> DECEASED <input type="checkbox"/> LOA <input type="checkbox"/> RETIRED <input type="checkbox"/> TERMINATED

Hire Date	Birth Date	Base Rate	Salary Per Pay Period
		\$ _____	\$ _____

Pay Frequency (check one)	Automatic Pay Type (check one)
<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Hours <input type="checkbox"/> Salary