

New Employee Setup Form

**** Items in *Bold* are Required ****

Company Name: _____

* Employee ID: _____ **SSN:** - -

** (Assigned by Payroll Direct if left blank)*

Last Name: _____ **First Name:** _____ **Middle:** _____

Address 1: _____ **Address 2:** _____

City: _____ **State:** _____ **Zip:** _____

Federal Withholding:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Exemptions: _____	Additional: _____
State Withholding:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	Exemptions: _____	Additional: _____

Hire Date: _____ / _____ / _____

Birth Date: _____ / _____ / _____

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Department: _____

Home Phone: _____

E-Mail Address: _____

Work Comp Code: _____

Hourly Rate: \$ _____	Salary: \$ _____	Average Hours: _____
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