



Today's Date: _____

Company Name: _____

EMPLOYEE ADD/CHANGE INFORMATION FORM

ADD: _____ CHANGE: _____

Employee # _____

Social Security # _____

Name _____

Address _____

City, State & Zip Code _____

Department _____

Date of Birth _____

Start Date _____

Hourly Rate _____

Salary Amount _____

Tipped Wages Rate(s) _____

Commission Amount _____

Email Address _____

Federal

Married _____ Single _____ Number of Allowances _____

Additional Withholdings: _____

State

Married _____ Single _____ Number of Allowances _____

Additional Withholdings: _____

<u>Deductions</u>	<u>Amount</u>	<u>Start Date</u>
Simple IRA	_____	_____
401K	_____	_____
403B	_____	_____
Medical Insurance	_____	_____
Dental Insurance	_____	_____
Child Support	_____	_____
Other	_____	_____