



NEW HIRE/EMPLOYEE CHANGE FORM

NEW HIRE EMPLOYEE CHANGE

COMPANY: _____ DATE OF HIRE/CHANGE: _____

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ GENDER: _____ EMAIL: _____

JOB INFORMATION

POSITION: _____ DEPARTMENT: _____

RATE OF PAY: _____ HOURLY SALARY COMMISSION

DEDUCTIONS

TYPE OF DEDUCTION: _____ DEDUCTION AMOUNT: _____

TYPE OF DEDUCTION: _____ DEDUCTION AMOUNT: _____

TYPE OF DEDUCTION: _____ DEDUCTION AMOUNT: _____

W-4 EMPLOYEE WITHHOLDINGS

SINGLE MARRIED MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE

TOTAL NUMBER OF ALLOWANCES CLAIMED: _____

ADDITIONAL AMOUNT TO WITHHOLD FROM EACH PAYCHECK: _____

CLAIMED EXEMPTION FROM WITHHOLDING?: YES NO

ATTACHED

W-4 FORM

DIRECT DEPOSIT AUTHORIZATION FORM

Signature of Company Representative

Print Name

Date