



Company _____

EMPLOYEE SETUP FORM

GENERAL INFORMATION

Employee # _____ SSN _____ - _____ - _____
 First Name _____ MI _____ Last Name _____
 Address _____
 City _____ State _____ County _____ Zip _____
 M F Date of Birth ____ (M) / ____ (D) / ____ (Y)
 Email Address _____

EMPLOYMENT INFORMATION

Status: <input type="radio"/> Active <input type="radio"/> Inactive Pay Type: <input type="radio"/> Salaried <input type="radio"/> Hourly Employee Type: <input type="radio"/> Full -Time <input type="radio"/> Part -Time Corporate Officer <input type="checkbox"/> Seasonal <input type="checkbox"/> Statutory <input type="checkbox"/> Covered by Pension Plan <input type="checkbox"/>	Hire Date ____/____/_____ Last Review ____/____/_____ W-4 Date ____/____/_____ I-9 Date ____/____/_____ Termination ____/____/_____ 														
Exempt from: <input type="checkbox"/> FUTA <input type="checkbox"/> SUTA <input type="checkbox"/> FICA <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Worker's Comp															
Ad vance EIC: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse W-5 Date ____/____/_____ 															
Pay Schedule _____ Annual Salary \$ _____ . _____ Job Category _____															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Default Hours:</td> <td style="width:50%;">Rate:</td> </tr> <tr> <td>Regular ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .</td> <td></td> </tr> <tr> <td>Overtime ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 1 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 2 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 3 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> <tr> <td>Other 4 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .</td> <td>or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/></td> </tr> </table>		Default Hours:	Rate:	Regular ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .		Overtime ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 1 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 2 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 3 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>	Other 4 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>
Default Hours:	Rate:														
Regular ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .															
Overtime ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>														
Other 1 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>														
Other 2 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>														
Other 3 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>														
Other 4 ____ . ____ . ____ . ____ . ____ . ____ . ____ . ____ .	or 1x <input type="radio"/> 1.5x <input type="radio"/> 2x <input type="radio"/> 3x <input type="radio"/>														
Allow ance 1 _____ Allowance 2 _____															
Location _____ Group _____															
Departments: 1 _____ % 2 _____ % 3 _____ %															



Company _____

EMPLOYEE SETUP FORM

TAX INFORMATION

FEDERAL	Filing Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> HoH <input type="radio"/> Exempt Exemptions: _____ Additional Withholding: _____
STATES:	Unemployment State _____ Worked in State _____
Withholding State 1:	Filing Status: _____ Allowances _____ Adl. Withholding _____ Local: Withholding: _____ Filing Status: _____ Allowances: _____ Other Withholding: _____ Other: _____
Withholding State 2:	Filing Status: _____ Allowances _____ Adl. Withholding _____ Local Withholding: _____ Local Filing Status: _____ Local Allowances _____
Additional Information	

DEDUCTIONS

DEDUCTION NAME	Amount (optional)	Start Date (MM/DD/YYYY, opt.)	Stop Date (MM/DD/YYYY, opt.)	Goal (optional)
Child Support Information (Please attach any applicable child support orders) Ordering State: _____ Case Number: _____ FIPS code (FL, IL, MI, NY): _____				

ACCRUALS (Paid Time Off)

PAY TYPE	Accrual Amt in Hours	Accrual Period	Start Date	Accrued Hours	Used Hours Adjusted	Maximum Carryover
Vacation		<input type="checkbox"/> Pay Pd. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.				
Sick		<input type="checkbox"/> Pay Pd. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.				
Personal		<input type="checkbox"/> Pay Pd. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.				