# Employee Setup Form

## General Information

Employee # _____ SSN _____-_____-_____.

First Name _____ MI _____ Last Name _____.

Address _____.

City _____ State _____ Zip _____.

◯ M ◯ F        Date of Birth _____(M) / _____ (D) / _____ (Y)

Email Address _____.

## Employment Information

| | |
|---|---|
| Status: ◯ Active  ◯ Inactive | Hire Date      ___ /___ /_____. |
| Pay Type: ◯ Salaried  ◯ Hourly | Last Review   ___ /___ /_____. |
| Employee Type: ◯ Full-Time  ◯ Part-Time | W-4 Date      ___ /___ /_____. |
| Corporate Officer ◯     Seasonal ◯ | I-9 Date        ___ /___ /_____. |
| Statutory ◯     Covered by Pension Plan ◯ | Termination   ___ /___ /_____. |

Exempt from:        ◯ FUTA  ◯ SUTA  ◯ FICA  ◯ Soc. Sec.  ◯ Worker's Comp

Pay Schedule _____.        Annual Salary $_____.

Default Rates:

| | | |
|---|---|---|
| Regular | $ _____ | |
| Overtime | $ _____ | or 1x ◯ 1.5x ◯ 2x ◯ the regular rate |
| Other 1 | $ _____ | or 1x ◯ 1.5x ◯ 2x ◯ the regular rate |
| Other 2 | $ _____ | or 1x ◯ 1.5x ◯ 2x ◯ the regular rate |
| Other 3 | $ _____ | or 1x ◯ 1.5x ◯ 2x ◯ the regular rate |
| Other 4 | $ _____ | or 1x ◯ 1.5x ◯ 2x ◯ the regular rate |
| Reimbursement | _____ | |
| Allowance | _____ | |

Department _____.        Location _____.

## Tax Information

| | |
|---|---|
| Federal: | Filing Status:  ◯ Single  ◯ Married  ◯ HOH  ◯ Exempt |
| | Step 2c ◯          Step 4a _____  4b _____  4c _____. |
| | Step 3 _____. |
| State: | Filing Status:  ◯ Single  ◯ Married  ◯ Exempt |
| | Additional Withholding _____. |