Company Name* _____

# EMPLOYEE INFORMATION SHEET

____ New Hire      ____ Change      ____ Re-hire      ____ Termination      ____ 1099 Contract Worker

*Attention Employers:  Please verify after employee's first payroll that all info is entered into the payroll system correctly.  Any corrections need to be conveyed to Payroll Partners immediately.*

Social Security Number*: _____      Employee # _____

Name: Last*_____      First* _____      MI _____

Address*: _____

City*: _____      State*: _____      ZIP*: _____

Telephone #: _____      Gender: _____      Birth Date: _____

Hire Date: _____      Re-hire Date: _____      Term Date: _____

Status:  ____ Full Time ____ Part time ____ Other _____      Department: _____

Email Address*: _____

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## PAY RATE INFORMATION

Pay Frequency*:      ____ Weekly      ____ Bi-Weekly      ____ Semi-Monthly      ____ Monthly

Hourly Rate1: $_____      Hourly Rate2: $_____

Salary: $_____*(Per Pay Period)*   Pay Overtime:      ____ Yes ____ No *(If Salaried)*

First Pay Amount if Prorated:  $_____

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## DEDUCTION INFORMATION

Deduction _____ Amount $_____ per pay period

Deduction _____ Amount $_____ per pay period

Deduction _____ Amount $_____ per pay period