

EMPLOYEE ADD/CHANGE FORM

CLIENT:
CLIENT I D:

TYPE: ADD
CHANGE

EMPLOYEE GENERAL INFORMATION	
Employee <input type="checkbox"/>	Ind. Contractor <input type="checkbox"/>
Employee Code:	
Last Name:	
First Name:	M.I.:
Street:	
City:	
State:	County:
Zip Code:	
Tele.: ()	
Sex: M F	Birth Date:
S.S.N.: - -	Hire Date:
FILING STATUS:	
Federal:	Marital Status: Exemptions:
State:	Marital Status: Exemptions:
RECURRING WAGE INFORMATION	
Type:	Start. Date:
	End. Date:
Rate: \$ per	
Type:	Start. Date:
	End. Date:
Rate: \$ per	
Type:	Start. Date:
	End. Date:
Rate: \$ per	

DIRECT DEPOSIT INFORMATION	
Direct Deposit:	Yes <input type="checkbox"/> No <input type="checkbox"/>
PRIMARY ACCOUNT:	<input type="text"/>
Bank Routing Number:	<input type="text"/>
Acct. #:	<input type="text"/> CK <input type="checkbox"/> SV <input type="checkbox"/>
SECOND ACCOUNT:	<input type="text"/>
Bank Routing Number:	<input type="text"/>
Acct. #:	<input type="text"/> CK <input type="checkbox"/> SV <input type="checkbox"/>
Second Deposit Amount:	\$ <input type="text"/>
THIRD ACCOUNT:	<input type="text"/>
Bank Routing Number:	<input type="text"/>
Acct. #:	<input type="text"/> CK <input type="checkbox"/> SV <input type="checkbox"/>
Third Deposit Amount:	\$ <input type="text"/>
RECURRING DEDUCTION INFORMATION	
Type:	Start. Date:
	End. Date:
Rate:	Rate Type: \$ <input type="checkbox"/> % <input type="checkbox"/>
	per/of
Type:	Start. Date:
	End. Date:
Rate:	Rate Type: \$ <input type="checkbox"/> % <input type="checkbox"/>
	per/of
Type:	Start. Date:
	End. Date:
Rate:	Rate Type: \$ <input type="checkbox"/> % <input type="checkbox"/>
	per/of
OTHER INFORMATION/ NOTES	
Work Site:	Dept.: