New Employee Set Up Form



Employee Personal Information

Last Name: _____First Name:_____
MI:___

Street Address:
_____

City: _____State: _____ Zip Code:
_____

Gender: ☐ Male ☐ Female

TAX WITHHOLDING INFORMATION

Federal: Filing Status_____ Exemptions: _____Additional amount?
$_____

State: Filing Status _____Exemptions: _____ Additional amount?
$_____

Emergency Contact Information

Name:_____
Relationship:_____

Phone numbers

☐ Home: (____) _____-_____

☐ Cell: (____) _____-_____

☐ Work: (____) _____-_____

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HUMAN RESOURCES USE ONLY

Employee # _____Hourly rate: $_____Salary amount: $_____

☐ Full-time ☐ Part-time (Number of hours _____)

Department: _____Title: _____Start Date:
____/____/____

Supervisor:

_____