

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:
