

# Employee Information Form

## Employer to Complete

Client Number \_\_\_\_\_

Date \_\_\_\_\_

Select One  New Employee

Update Current Employee Information

Rehire Previous Employee on Paychex System

Employee Number \_\_\_\_\_

Department Number \_\_\_\_\_

Job Title \_\_\_\_\_

Hire Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Workers' Compensation Class Code \_\_\_\_\_

Full-time  Part-time  Seasonal

Salary (Per Pay Period) \_\_\_\_\_

**OR**

Hourly Rate 1 \$ \_\_\_\_\_ Hourly Rate 2 \$ \_\_\_\_\_ Hourly Rate 3 \$ \_\_\_\_\_

Payroll Frequency  Weekly  Bi-weekly  Semi-monthly  Monthly

Federal Exemptions \_\_\_\_\_ Additional \$ \_\_\_\_\_ Flat \$ \_\_\_\_\_

What state does this employee work in? \_\_\_\_\_

What state should be withholding for this employer? \_\_\_\_\_

State Exemptions \_\_\_\_\_ Additional \$ \_\_\_\_\_ Flat \$ \_\_\_\_\_

Are local taxes required?  Yes - Town/City/County \_\_\_\_\_  No

Will direct deposit be sent to this employee?  Yes  No

## Employee to Complete

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Sex  Male  Female

Work E-mail Address \_\_\_\_\_

Marital Status  Single  Married  Married, but Withhold at Higher Single Rate

Social Security Number \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Telephone ( \_\_\_\_\_ ) \_\_\_\_\_