

EMPLOYEE NEW HIRE FORM

Company: _____ Today's Date: _____

New Hire Re-hire

If employee elects to have paycheck direct deposit, please have them fill out direct deposit form and attach.

Name		SSN	Employee #
Street Address		City	State Zip
Pay type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> 1099		Hire Date	Birth Date
Federal WH status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Number of exemptions	Additional federal WH amt.
Leave plan eligibility and start date: <input type="checkbox"/> Vacation, start _____ <input type="checkbox"/> Sick, start _____ <input type="checkbox"/> PTO, start _____			
Leave plan category or other leave plan notes			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Title/Position	Phone number	Alternate phone number

Department/Location	Hourly rate or salary
Primary	
Other	
Other	

Deduction	Amount

Additional information _____

