

Employee Set Up/Change Form

Company Name:	
Employee Name	
Social Security #	
Address (Street, City, State, Zip)	
Hire Date	
Birth Date	
FT/PT (required if using 1095 EZ)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Location/Department	
Pay Type	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Exempt <input type="checkbox"/> Salary NonExempt <input type="checkbox"/> 1099 Contractor
Pay Rate	
W4 Steps 1c - 4	1c <input type="checkbox"/> 2c <input type="checkbox"/> 3: # Child <17 <input type="checkbox"/> # Depend <input type="checkbox"/> 4a \$ <input type="checkbox"/> 4b \$ <input type="checkbox"/> 4c \$ <input type="checkbox"/>
State Marital Status, # Allowances	
Card/Code # (Time Clock/Web Clock Users)	
Email address (ESS Clients only)	
Other Pay Information (deductions, etc.)	

Direct Deposit Authorization (Must attach copy of voided check with this form or account verification from Bank)

I hereby authorize and request that the company (hereinafter referred to as Employer) named above, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections to the account indicated below and the Bank named below to credit or debit the same to such account.

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

Attach Voided Check Here: