



Employee Data Sheet Company _____ # _____

New Employee
 Change Employee Information

Employee # _____ **S.S.#** _____

Name _____
First Middle I. Last

Address _____

City _____ **State** _____ **Zip** _____

<u>Federal Withholding Rate</u> _____	<u>State Withholding Rate</u> _____	State _____
Filing Status _____		Filing Status _____
# of Allowances _____		# of Allowances _____
Additional Amount _____		Additional Amount _____

Salary _____ <small>per pay period</small>	Hourly Rate _____	Overtime Rate _____
<u>Other Pay</u> Type _____	Amount _____	Note _____
Type _____	Amount _____	Note _____

Hire Date _____	Department _____	Department # _____
Birth Date _____	Title _____	Status _____
EEO Class _____	Location _____	Last Review Date _____
Gender _____	Division _____	Next Review Date _____

Deduction 1 _____	Amount _____	Note _____
Deduction 2 _____	Amount _____	Note _____

Benefit 1 _____	Amount _____	Note _____
Benefit 2 _____	Amount _____	Note _____

Direct Deposit Authorization w/ voided check
 W-4 Attached
 I-9 Attached