

# Employee Data Sheet

Company \_\_\_\_\_ # \_\_\_\_\_

New Employee

Change Employee Information

Employee # \_\_\_\_\_ S.S.# \_\_\_\_\_

Name \_\_\_\_\_  
*First Middle I. Last*

Address \_\_\_\_\_

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

Federal Withholding Rate \_\_\_\_\_ State Withholding Rate \_\_\_\_\_ State \_\_\_\_\_

Filing Status \_\_\_\_\_ Filing Status \_\_\_\_\_

# of Allowances \_\_\_\_\_ # of Allowances \_\_\_\_\_

Additional Amount \_\_\_\_\_ Additional Amount \_\_\_\_\_

Salary \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Overtime Rate \_\_\_\_\_  
*per pay period*

Other Pay 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