

EMPLOYEE INFORMATION UPDATE

- New or Rehired Employee

FIRST DAY OF WORK:

- Change of Information

EFFECTIVE DATE:

GENERAL INFORMATION

SOC. SEC. NO:

EMPLOYEE ID:

FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

DEPARTMENT:

LOCATION/BRANCH:

PAY INFORMATION

- HOURLY

- DAILY

- SALARY

REGULAR / SALARY:

_____:

OVERTIME RATE:

_____:

_____:

_____:

TAX INFORMATION

STATUS:

WITHHOLDING
EXEMPTIONS:

ADDITIONAL
TAX WITHHELD:

FEDERAL:

SINGLE / MARRIED / MARRIED-2 EMPLOYERS

STATE:

SINGLE / MARRIED / HEAD OF HOUSEHOLD / MARRIED-2

NOTES

APPROVAL SIGNATURE:

DATE: