



NEW HIRE
 RE-HIRE
 EMPLOYEE CHANGE
(for employer/payroll contact use)

EMPLOYER: _____
(please print)

EMPLOYEE Name: _____
(Full Name, M.I.)

Social Security #: _____ Employee Email: _____
**required for ESS*

Address: _____

Hire Date: _____ Date of Birth: _____

Federal Withholding Claiming: S / M _____ (or) Exempt
(# of exemptions)

Additional Dollar Amount for Fed (if any): _____

State Withholdings Claiming: S / M _____ (or) Exempt
(# of exemptions)

Additional Dollar Amount for State (if any): _____

****Please submit W4** Part-time Full-time

WAGES:

Department: _____ Annual Salary: _____
(Required if applicable) (or)
 Hourly Rate: _____

Special Information:

****pay or deduction items/direct deposit - please include a voided check and our Direct Deposit Authorization Form**

Employer/Payroll Contact Signature _____ Date _____
 Print Name _____