



EMPLOYEE INFORMATION FORM

Client Name: \_\_\_\_\_ Client Code: \_\_\_\_\_

New Employee  Change to Existing Employee  Termination

EMPLOYEE GENERAL INFORMATION	
Employee #:	
Last Name:	
First Name:	MI:
Address:	
City:	
State:	Zip:
Phone #: (      )	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
SSN:	
Home Department #:	Accruals: <input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Comp Code:	Accrual Rate:
Hire Date:	
Birth Date:	
Termination Date:	
TAX FILING STATUS	
FEDERAL	STATE
Marital Status:	Marital Status:
Exemptions: N/A	Exemptions:
Additional Federal Withholding:	Additional State Withholding:
Fixed Federal Withholding (\$ or %):	Fixed State Withholding (\$ or %):
EIC Code:	Work State (if other than CA):

BASE WAGE
Base Rate 1
Hourly Rate:
Salary (per pay period):
Effective Date:
Rate 2
Rate \$:
Effective Date:
OTHER EARNINGS
Type:
Amount/Percentage:
Effective Date:                      Frequency:
Type:
Amount/Percentage:
Effective Date:                      Frequency:
DEDUCTIONS
Type:
Amount/Percentage:
Effective Date:                      Frequency:
Type:
Amount/Percentage:
Effective Date:                      Frequency:
CURRENT PAYROLL INFORMATION ( This pay period only)
Hours:
Partial Salary amount: \$