

EMPLOYEE INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

HIRE DATE _____

SOCIAL SECURITY#: _____

BIRTH DATE: _____

MARITAL STATUS: _____

OF EXEMPTIONS: _____

PAY TYPE: _____

PAY RATE: _____

DEPARTMENT: _____

SPECIAL EARNINGS & DEDUCTIONS:	AMOUNTS:
_____	_____
_____	_____
_____	_____

DIRECT DEPOSIT _____

Email ADDRESS: _____
(For ONLINE Employee Access)

*****PLEASE MAKE COPY OF EMPLOYEE CHECK FOR DIRECT DEPOSIT ENROLLMENT*****