

New Employee Form

*Required Data		M/S - Married or Single (Tax Filing Status)				**(W/R) = State Withholding Work State / Resident State						
Employee Number	Div. Number	*Dept Number	Phone Number	*Social Security Number		*Pay Frequency	*Rate 1	Rate 2	Rate 3	Salary		
*First Name		*M.I.	*Last Name			*Fed M/S	*Fed. Dep.	Extra Fed W/H	Fixed Fed W/H	EIC Code		
*Street Address						**State WH	**State (M/S)	**St Dep	**Extra St W/H	State for UCI		
*City			*State	*Zip Code		*Hire Date		*Birth Date		Termination Date		
Employee Payroll Input - This Pay Period			Rate	Dept. #	Reg Hrs	O.T. Hrs	Cd	Hrs	Amt	Cd	Ded Amt	Notes

Company Name: _____

Check Date: _____

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