

EMPLOYEE UPDATE FORM

Date Submitted: _____

First Name _____ M.I. _____ Last Name _____	<input type="checkbox"/> Hire Date: _____
Address _____	<input type="checkbox"/> Termination Date: _____
City _____ State _____ Zip _____ County _____	<input type="checkbox"/> Change Date: _____
SSN _____ DOB _____	Auth. Signature _____
E-Mail _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
LOCATION	
Default Location _____ Other _____	
Default Department _____ Other _____	

PAYROLL ITEMS

PAY TYPE (select one): <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	
Salary: Annual Salary \$ _____	
Hourly: Rate Type _____ Rate Amount \$ _____	
Rate Type _____ Rate Amount \$ _____	
Rate Type _____ Rate Amount \$ _____	
Rate Type _____ Rate Amount \$ _____	
DEDUCTION ITEMS	
Pre-Tax Items: Item Type _____ Item Amount \$ _____	
Item Type _____ Item Amount \$ _____	
Item Type _____ Item Amount \$ _____	
Item Type _____ Item Amount \$ _____	
After-Tax Items: Item Type _____ Item Amount \$ _____	
Item Type _____ Item Amount \$ _____	
Item Type _____ Item Amount \$ _____	
Item Type _____ Item Amount \$ _____	
Retirement Plan Employer Match: <input type="checkbox"/> Yes <input type="checkbox"/> No Match % _____	

WITHHOLDING INFORMATION

W-4 FEDERAL	WH-4 STATE
<input type="checkbox"/> Single <input type="checkbox"/> Married	Personal Exemption (Line 5) _____
<input type="checkbox"/> Married withhold at Single rate	Dependent Exemption (Line 6) _____
Total Allowances (Box 5) _____ Additional w/h _____	Additional State w/h _____

DIRECT DEPOSIT

<input type="checkbox"/> Please attach voided check for each account (no deposit tickets)
<input type="checkbox"/> Please attach Direct Deposit Authorization form

NOTES

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