



Employee New Enrollment or Change Form

,2012

Today's Date

Client Entry **NEW** **CHANGE**

Email Completed Form Directly To:

Social Security No.

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First Name _____

Last Name _____

Street Address _____

No.

Gender **Male** or **Female**

City _____ Zip Code

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State **F** **L**

Date of Birth

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Mo. Day Year

Date of Hire

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mo. Day Year

Pay Rate \$ * **H** or **S**

Department _____

Work Comp Code

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Employment Status **Active** or **Terminated**

Tax Status **W2** or **1099**

Legend * H= Hourly S=Salaried

Payroll Deductions							
Number	Status	Description	Amount	Number	Status	Description	Amount
1	Pre-Tax Post-Tax			5	Pre-Tax Post-Tax		
2	Pre-Tax Post-Tax			6	Pre-Tax Post-Tax		
3	Pre-Tax Post-Tax			7	Pre-Tax Post-Tax		
4	Pre-Tax Post-Tax			8	Pre-Tax Post-Tax		

Federal Tax Withholding										
0	1	2	3	4	5	6	7	8	9	10
Single					or	Married				
(Please Circle the Appropriate Number of Allowances that You Are Claiming)										

Complete Only If Employee Change Request			
Address	Deduction	Rate	Other
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Additional Notes: _____

Copy of Voided Check for Direct Deposit