



NEW EMPLOYEE or CHANGE EMPLOYEE INFORMATION

Client Name: _____ Client ID#: _____

NEW / CHANGE Employee (circle one)

Employee ID# _____ Social Security # _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Employee Email Address: _____ Home Phone: _____

Federal Withholding: _____ Married / Single (circle one) Exemptions: _____

State Withholding (N/A for AZ): _____ Married / Single (circle one) Exemptions: _____

AZ State Tax Withholding % : _____

SITW State Name (Live-in State): _____ SUI State Name (Work-in State): _____

Division: _____ Branch: _____ Department: _____

Workers Comp Code: _____ Wage / Pay Period \$ _____ Hourly / Salary (circle one)

Affordable Care Act (ACA) Status : Full Time (30+ hrs/wk) / Part Time (<30 hrs/wk) / Unknown (circle one)

Hire Date: _____ Birth Date: _____ Gender: _____

TIME OFF ACCRUAL (if applicable)

Time Off Accrual Type: _____ Rate: _____

Time Off Accrual Type: _____ Rate: _____