

EMPLOYEE ADD/CHANGE FORM



COMPANY NAME

ADD CHANGE

EMPLOYEE NO

EMPLOYEE SSN

EMPLOYEE NAME (LAST, FIRST, MIDDLE)

ADDRESS

CITY

STATE

ZIP

SINGLE MARRIED

SINGLE MARRIED

FEDERAL WITHHOLDING

ALLOWANCES

STATE WITHHOLDING

ALLOWANCES

HIRE DATE

BIRTHDATE

HOURLY SALARY

RATE OF PAY (\$)

PER (HR/PAY PD. ETC.)

DEPT #

AVG HRS IN WORKWEEK

WORKER'S COMP CODE

DEDUCTIONS

AMOUNT

DEDUCTIONS

AMOUNT

ACCRUED SICK PAY

HOW ACCRUED

ACCRUED VACATION PAY

HOW ACCRUED

OTHER CHANGES OR ADJUSTMENTS