



****Please complete one of these sheets per employee**

Employment Information

***REQUIRED**

Employee Number: _____ ***Employment Category:** _____
Must be 4 digits. If left blank the system will auto-generate. Full-Time, Part-Time, 1099, etc.

***First Name:** _____ **MI:** _____ ***Last Name:** _____

***Social Security #:** _____ ***Date of Hire:** _____

***Department:** _____ ***Rate of Pay:** **Hourly** Hourly Rate 1: _____
(please choose one)

***Work Location:** _____ **Salary** Rate per Pay Period: _____

Personal Information

***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

Email Address: _____ **Phone:** _____

***DOB:** _____ **Gender:** _____

*** Attach Copy of W4 ***

****Please attach to each Employee Information sheet the following****

Complete 2020 W4

Direct Deposit information