

Employee Update Form

Date Submitted: _____

First Name _____ M.I. _____ Last Name _____	Hire Date _____
Address _____	Termination Date _____
City _____ State _____ Zip _____ County _____	Change Date _____
SSN _____ Date of Birth _____	Authorized Signature _____
E-Mail _____	
Marital Status Married Single Gender Male Female	
LOCATION	
Default Location _____ Other _____	
Default Department _____ Other _____	

Payroll Items

PAY TYPE (select one) Salary 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: Yes No Match % _____

Withholding Information

W-4 FEDERAL Single Married Married withhold at Single rate Total Allowances (Box 5) _____ Additional w/h _____	W-4 STATE Personal Exemption (Line 5) _____ Dependent Exemption (Line 6) _____ Additional State w/h _____
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Direct Deposit

Please attach voided check for each account (no deposit tickets)

Please attach Direct Deposit Authorization form

Notes

