

NEW EMPLOYEE PAYROLL INFO SHEET

Company: _____

Name: _____
(FIRST MIDDLE LAST)

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Hire: _____ Driver's License #: _____

Department: _____ Position: _____

Completed By: _____ Date: _____

PAYMENT INFO

Pay Frequency: Weekly __ Biweekly __ Semimonthly __ Monthly __

Pay Type (FLSA Category): Exempt __ Nonexempt __

Pay rate (annual salary if exempt **OR** hourly rate if nonexempt): _____

Overtime rate (nonexempt only): _____

Accrual of Vacation(Y/N): _____ Accrual rate (e.g. hours per pay period): _____

Accrual of Sick Leave (Y/N): _____ Accrual rate (e.g. hours per pay period): _____

DEDUCTION INFO

Income Taxes

Federal

State

Local

of allowances claimed _____

Additional withholding requested _____

Marital Status: Married __ Single __ Married, but w/h at higher single rate __

Other Deductions (Enter the deduction amount or percentage of gross wages that should be deducted before **OR** after income taxes in each pay period.)

	Before Tax	After Tax
Insurance	_____	_____
Retirement Plan	_____	_____
Savings Plan	_____	_____
Uniforms	_____	_____
Child Support	_____	_____
_____	_____	_____
_____	_____	_____