

NEW EMPLOYEE PAYROLL INFO SHEET

Company: _____

Name: _____
(FIRST MIDDLE LAST)

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Date of Hire: _____ Full-time / Part-time

Department: _____ Position: _____

Completed By: _____ Date: _____

PAYMENT INFO

Pay Frequency: Weekly __ Biweekly __ Semimonthly __ Monthly __

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

Overtime rate (nonexempt only): _____

Eligible for Vacation: Yes No Eligible for Sick Pay: Yes No

Eligible after probationary period of: _____

Accrual Rate of Vacation: Per Paycheck _____ **OR** Per Hours Worked _____

Accrual Rate of Sick Pay: Per Paycheck _____ **OR** Per Hours Worked _____

INCOME TAXES

Must return completed and signed Form W-4.

DEDUCTION INFO

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	_____	_____
Garnishment	_____	_____
_____	_____	_____