



Employee Data Sheet

Company _____ # _____

New Employee

Change Employee Information

Employee # _____ S.S.# _____

Name _____
First Middle I. Last

Address _____

City _____ State _____ Zip _____

Federal Withholding Rate _____ State Withholding Rate _____ State _____

Filing Status _____ Filing Status _____

of Allowances _____ # of Allowances _____

Additional Amount _____ Additional Amount _____

Salary _____ per pay period Hourly Rate _____ Overtime Rate _____

Other Pay Type _____ Amount _____ Note _____

Type _____ Amount _____ Note _____

Type _____ Amount _____ Note _____

Type _____ Amount _____ Note _____

Hire Date _____ Department _____ Department # _____

Birth Date _____ Title _____ Status _____

EEO Class _____ Location _____ Last Review Date _____

Gender _____ Division _____ Next Review Date _____

Deduction 1 _____ Amount _____ Note _____

Deduction 2 _____ Amount _____ Note _____

Deduction 3 _____ Amount _____ Note _____

Benefit 1 _____ Amount _____ Note _____

Benefit 2 _____ Amount _____ Note _____

**If a new hire, please fill in the bold items (the minimal amount of information we need for proper processing).*