



New Hire Form

Company #: _____ Company Name: _____

New Employee Information:

Hire Date: _____ Employee Number: _____ SSN: _____

Legal Name: _____

First

Middle

Last

Birth Date: _____ Employee Status: W-2 1099

Employment Category: Full Time Part Time Other _____

Federal Filing Status: Married Single # of Exemptions: _____

State Filing Status: Married Single # of Exemptions: _____

Email Address: _____

Residential Address: _____

Salary Amount (per pay period): _____ **OR** Hourly Rate: _____

Work Location Address: _____

Department: _____ Workers Comp Code: _____

*If the above is not complete, it may cause a delay in the employee's payroll or an error in taxes.

** Please notify your account manager if this employee will be working in a different state.

Submitted By: _____ Date: _____

ADDITIONAL SERVICES

- Employee Benefits • Background Checks • Time & Attendance • Pay-As-You-Go Workers Comp •
- Human Capital Management • Benefits Administration •