Company Name:

Employee Enrollment Form

Name & Residential Address

Employee Name

First Name | Last Name

Address

Street | Unit #

City | State | Zip (Zip+4 digit code)

County

Phone Number

☐ Male ☐ Female

Social Security Number | Department Code (optional)

Email Address

Pay Type & Hire Date

Employee is paid: ☐ Hourly ☐ Salary

Birth Date & Hired Date

Birth Date | Hired Date

Employee Type

☐ Active ☐ New Hire

☐ Inactive ☐ Terminated

Active Status

☐ Full Time ☐ Part Time

☐ Temporary ☐ 1099 Contractor

Bank Information

☐ Paper Check ☐ Direct Deposit

Bank Accounts

Checking or Savings	Bank Name	Routing Number	Account Number	% or $ Amt

Company Name:

Employee Enrollment Form

Deductions

Deduction Name	Pre or Post Tax	Amount	% or $ Amt

Wage & Tax Information

Wages

☐ $/hour ☐ $/check — Regular Pay

$/hour — Overtime Rate

$/hour — Other Rate

Federal Tax Information (Filing Status)

☐ Married ☐ Single

Allowances

$ Additional Withholding Amount

State Tax Information (Filing Status)

☐ Married ☐ Single ☐ Head of Household ☐ Other:

Allowances

$ Additional Withholding Amount

(If tax information is not completed we will automatically default to single 0)

Employee Work Location (where work is reported done)

Address

Street

Unit #

City

State

Zip (Zip+4 digit code)