

## EMPLOYEE SETUP FORM

### CONTACT INFORMATION

Employee Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Date Of Birth: ____/____/____	Social Security Number: _____ - _____ - _____		
Phone: (____) _____ - _____	e-mail: _____@_____._____		

### EMPLOYMENT INFORMATION

Hire Date: ____/____/____	VACATION TIME	Accrued hours: _____
Pay Rate: _____	SICK TIME	Used Hours: _____
Salary: _____	PAID TIME OFF	Balance: _____
Withholdings: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single Rate.		
Total number of allowances: State: _____ Federal: _____		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		

### DEDUCTIONS (if applicable)

401K: % _____ or \$ _____
CHILD SUPPORT: \$ _____ Case ID Number: # _____
DENTAL INSURANCE: \$ _____
MEDICAL INSURANCE: \$ _____
OTHER INSURANCE: \$ _____
OTHER (description): \$ _____

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employers initials: \_\_\_\_\_