



EMPLOYEE PAYROLL ENROLLMENT AND UPDATE FORM

Employer _____ Date Submitted: _____

First Name _____	M.I. _____	<input type="checkbox"/>
Last Name _____	Hire Date: _____	<input type="checkbox"/>
		<input type="checkbox"/>
Address _____		Termination Date: _____
City _____	State _____	Zip _____
		County _____
		Change Date _____
SSN _____	DOB _____	
E-Mail _____		
Auth. Signature _____		
Marital Status: <input type="checkbox"/> Married	<input type="checkbox"/> Single	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
LOCATION		
Default Location _____		
Other _____		
Default Department _____		
Other _____		

PAYROLL ITEMS

PAY TYPE (*select one*): Salary Hourly

Salary: Annual Salary \$ _____

Hourly:

Rate Type _____

Rate Amount \$ _____

Rate Type _____

Rate Amount \$ _____

Rate Type _____

Rate Amount \$ _____

Rate Type _____

Rate Amount \$ _____

DEDUCTION ITEMS

Pre-Tax Items:

Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____

After-Tax Items:

Item Type _____ Item Amount \$ _____
Item Type _____ Item Amount \$ _____
Item Type _____ Item Amount \$ _____
Item Type _____ Item Amount \$ _____

Retirement Plan Employer Match: Yes No Match % _____

WITHHOLDING INFORMATION

W-4 FEDERAL

Single Married
 Married withhold at Single rate
Total Allowances (Box 5) _____ Additional w/h _____

WH-4 STATE

Personal Exemption (Line 5) _____
Dependent Exemption (Line 6) _____
Additional State w/h _____

DIRECT DEPOSIT

- Please attach voided check for each account (no deposit tickets)
- Please attach Direct Deposit Authorization form

NOTES