



EMPLOYEE UPDATE FORM

Date Submitted: _____

First Name _____ M.I. _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 SSN _____ DOB _____
 E-Mail _____
 Marital Status: Married Single Gender: Male Female

LOCATION

Default Location _____ Department _____
 Default Location _____ Department _____

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 % _____

<p>W-4 FEDERAL</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p><input type="checkbox"/> Married withhold at Single rate</p> <p>Total Allowances (Box 5) _____ Additional w/h _____</p>	<p>STATE WITHHOLDING</p> <p>Description _____</p> <p>_____</p> <p>_____</p>
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DIRECT DEPOSIT

Please attach voided check for each account (no deposit tickets)

Please attach Direct Deposit Authorization form

NOTES
