



# NEW EMPLOYEE / STATUS CHANGE SHEET

PLEASE CHECK ONE BOX BELOW

NEW HIRE       REHIRE       STATUS CHANGE

Company #: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

Employee Information

Emp #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \*\* \_\_\_\_\_ M.I.: \_\_\_\_\_

STREET: \*\* \_\_\_\_\_

CITY: \*\* \_\_\_\_\_ STATE: \*\* \_\_\_\_\_ ZIP CODE: \*\* \_\_\_\_\_ COUNTY: \_\_\_\_\_

email \*\* \_\_\_\_\_ Home Phone \*\* \_\_\_\_\_ Cell Phone \*\* \_\_\_\_\_

Is this an address change?      YES / NO      STATE WHERE WORK PERFORMED: \_\_\_\_\_

\*\* \_\_\_\_\_      \*\* \_\_\_\_\_      \*\* \_\_\_\_\_      \*\* M - F  
SOCIAL SECURITY #      HIRE DATE      BIRTH DATE      SEX

\_\_\_\_\_      \_\_\_\_\_      YES - NO      YES - NO  
DIVISION #      DEPARTMENT #      Benefit Eligible      Immed Eligibility

1      2      \_\_\_\_\_      \_\_\_\_\_  
HRLY / SAL      SALARY\$ per Pay Period      HRLY RATE 1      HRLY RATE 2

Is this a pay increase?      YES / NO      IF YES, EFFECTIVE DATE: \_\_\_\_\_

Is this a termination?      YES / NO      IF YES, EFFECTIVE DATE: \_\_\_\_\_

**W - 4 INFORMATION**

	FILING STATUS	FILING EXEMPTIONS	* ADD'L OR REPLACEMENT TAX AMT OR % TO W/H (STATE WHICH)
** FEDERAL:	<u>M / S</u>	_____	_____
** STATE:	<u>M / S</u>	_____	_____
	(CIRCLE ONE)	(FROM BOX 5 ON W4)	(FROM BOX 6 ON W4)

**\*\* Required fields**

EMPLOYEE DEDUCTIONS			
DEDUCTION	NAME	** START DATE	AMOUNT
1			
2			
3			
4			

\*\* IF DEDUCTION STARTS IMMEDIATELY, NO START DATE IS NEEDED

*If deduction is a garnishment or child support deduction, a copy of the order must accompany this form.*

\* IF APPLICABLE \_\_\_\_\_  
**SIGNATURE (Supervisor)**

\_\_\_\_\_  
**DATE:**