

EMPLOYEE UPDATE FORM

Name: First _____ M.Intl. ____ Last _____
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 % _____

WITHHOLDING INFORMATION

W-4 FEDERAL
 Single Married
Married withhold at Single rate
Total Allowances (Box 5) _____ Additional w/h _____

PAYSTUB DELIVERY OPTIONS
 Email
 Text Message

DIRECT DEPOSIT

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

NOTES