



## EMPLOYEE SETUP/CHANGE SHEET

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

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Per Hour  Salary (per pay period)  Commission Only  1099

Full Time or Part Time: \_\_\_\_\_

Federal Filing Status (W-4): SINGLE or MARRIED \_\_\_\_\_

# of Allowances Claimed (W-4): \_\_\_\_\_

Home Division (if applicable): \_\_\_\_\_

Home Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Tax State: \_\_\_\_\_

EE Deductions (if applicable): \_\_\_\_\_

Worker's Compensation Code: \_\_\_\_\_

Other Information: \_\_\_\_\_

**\*ALL LINES MUST BE COMPLETED OR FORM IS INVALID AND WILL CAUSE DELAYS IN YOUR FIRST PAYCHECK\***