



**EMPLOYEE SETUP/CHANGE SHEET**

COMPANY NAME: \_\_\_\_\_ Client ID Number: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

Per Hour     Salary (per pay period)     Commission Only     1099

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

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

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

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

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