



EMPLOYEE PAYROLL ENROLLMENT AND UPDATE FORM

Employer _____

Date Submitted ___/___/___

First Name _____	M.I. _____	Last Name _____
SSN _____	Date of Birth _____	
Address _____		
City _____	State _____	Zip _____ County _____
E-mail _____		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Gender _____
LOCATION		
Default Location _____		Other _____
Default Department _____		Other _____
<input type="checkbox"/> Hire Date <input type="checkbox"/> Termination Date <input type="checkbox"/> Change Date		
Authorization Signature _____		

PAYROLL ITEMS

PAY TYPE (select one):	<input type="checkbox"/> Salary	<input type="checkbox"/> Hourly
Salary: Annual Salary \$	_____	
Hourly:		
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 \$	_____
Retirement Plan Employer Match:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Match Percent _____

WITHHOLD INFORMATION

W-4 Federal		
<input type="checkbox"/> Single <input type="checkbox"/> Married	Personal Exemption (Line 5) _____	
<input type="checkbox"/> Married Withhold at Single Rate	Dependent Exemption (Line 6) _____	
Total Allowances (Box 5) _____	Additional w/h _____	Additional State w/h _____

Direct Deposit

Please attach voided check for each amount

Please attach Direct Deposit Authorization form