

EMPLOYEE INFORMATION

Employee Name: _____
(First) (MI) (Last)

Status: Active Termed LOA (Circle One) S.S. #: _____ - _____ - _____

Address: _____
(Street) (City, State) (Zip)

Date of Birth: ___/___/___ Hire Date: ___/___/___ Termination Date: ___/___/___

Salary/Hourly Rate: \$_____ Dept/Division: _____

Marital Status: M S Exempt (please circle one) FED W/H# Dependents: _____

STATE W/H # Dependents: _____ # Exemptions _____

Other Earnings (Name): _____ Other Earnings (Amount): \$_____

VOIDED CHECK FOR DIRECT DEPOSIT