

## NEW EMPLOYEE WORKSHEET

**New Information**     **Update Information**     **Re-Hire**

**Company/Employer** \_\_\_\_\_

**Social Security #** \_ \_ \_ - \_ \_ - \_ \_ \_ Hire Date: \_\_\_\_\_

**Employee** \_\_\_\_\_  
(Legal Name – First Name, Last)

Mailing Address \_\_\_\_\_ Gender:  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee's email address (for clock and eStubs only): \_\_\_\_\_

Tax Type:  W2/Employee     1099/Ind. Cont.    Status:  Full Time     Part Time

**W4 Data:**  Single     Married     Married but withhold at a higher single rate

**Allowances** (Line 5 on W-4) \_\_\_\_\_ Additional Amount (Line 6) \$ \_\_\_\_\_

Employee Code \_\_\_\_\_  
(Optional - if you have a preference)

Pay Info:  Salary     Hourly     Commission     Piece Rate

Pay Rate \$ \_\_\_\_\_/hour    Home Dept (if applicable) \_\_\_\_\_

Salary \$ \_\_\_\_\_/pay period

\*If hired mid-pay period, please provide the first payment amount \$ \_\_\_\_\_

**Any scheduled Earnings/Deductions?** (Child support, 401K, insurance, etc.)

Yes  No (If child support/garnishment, please send court order.)

(Type & Amount) \_\_\_\_\_

**Is this Employee eligible for Vacation/PTO Accruals?**  Yes  No

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Manager's Signature** \_\_\_\_\_

Rate Table (If applicable)	
1)	\$ _____/hour _____/dept.
2)	\$ _____/hour _____/dept.
3)	\$ _____/hour _____/dept.

Please return this form and any attachments to our payroll staff.

payroll@businessASAP.com

Fax: 970.728.6848

Phone: 877-728-6777

All forms are available for download at [www.businessASAP.com](http://www.businessASAP.com)