



New Hire Re-Hire Active Employee Change Form

Client # _____ Client Name _____

Employee # _____ Last Name _____ First Name _____ M. _____

Street Address _____

Zip Code _____ City _____ State _____ Social Security # _____

Fed Tax Filing Status: Single Married # of Exemptions _____ Add'l Amt _____

State Tax Filing Status: Single Married Letter # of Exemp _____ Add'l Amt _____

Branch _____ Department _____ Workers' Comp Code _____

Hire Date _____ Birth Date _____ Gender: Female Male

1099 SubContractor Supervisor

Pay Rate: Hourly Rate _____ Daily Rate _____ Per Shift Rate _____ Salary \$ _____

Pay Frequency: Weekly Biweekly Semi-Monthly Monthly

Special Recurring Earnings: _____

Special Recurring Deductions: _____

Time Off Accruals: _____

Other Instructions: