New Employee Setup Form

Fax completed form to (407) 374-1662

Employer: _____

Client #: _____ **Location/Group:** _____

Employee #: _____ SSN/TIN: _____ ☐ W-2 ☐ 1099

First Name: _____ M.I.: ____ Last Name: _____

Home Address: _____

City: _____ State: ____ ZIP: _____ County: _____ _____

Gender: ☐ Male ☐ Female Birth Date: _____ E-Mail: _____

Pay Type: ☐ Salaried ☐ Hourly Hire Date: _____ Phone Number: _____
☐ Exempt ☐ Non-Exempt
☐ Full-Time ☐ Part-Time Hourly Rate: _____ *or* Annual Salary: _____

Department: _____ Title:_____ WC Code: _____

Federal Filing Status: ☐ Married ☐ Single ☐ Head of Household Exemptions: _____ Additional ($): _____

State Filing Status: ☐ Married ☐ Single ☐ Head of Household Exemptions: _____ Additional ($): _____

Deduction Name	Amount	Start Date	End Date	Goal ($)

Forward copies of any Court-Ordered Wage Garnishments