

Employee Information Sheet

General Information

First Name _____	Social Security Number _____
Last Name _____	Birth Date MM____/DD____/YY____
Address _____	Gender ___ Female ___ Male
City, State, Zip _____	Hire Date MM____/DD____/YY____
County _____	E-mail _____

Pay Rates

Other Pays and Deductions (Check All That Apply)

Salary _____ per _____	Tips ___ Medical ___ Simple 401k ___
Hourly _____ per hour in dept. _____	Bonus ___ Vision ___ Simple IRA ___
Hourly _____ per hour in dept. _____	Commission ___ Dental ___ SAR SEP ___
Hourly _____ per hour in dept. _____	Allowance ___ 401k ___ FSA ___
Other _____	Draw ___ Garn/Supp ___ _____

Vacation Policy

Max _____

Current Balance _____

_____ Hours Accrued by (Days Worked, Pay Period, Regular Hours, Annually)

Sick Policy

Max _____

Current Balance _____

_____ Hours Accrued by (Days Worked, Pay Period, Regular Hours, Annually)

Tax Information

Federal	State
Single, Married, Head of Household _____	Single, Married, Head of Household _____
Number of Deductions _____	Number of Deductions _____
Additional Amount _____	Additional Amount _____
Additional Percent _____	Additional Percent _____
Exempt _____	Exempt _____

Location (For Companies With Multiple Locations)

Location Name/Number _____
