COMPLETE PAYROLL
Welcome to Payroll Country.

Employee Information Sheet

Personal Information:

Company Name:_____ COID:_____ CSR:_____

New Hire   Re-Hire: Termination / Leave

Change Only   Previous name if any:_____   Reason:_____
               Keep previous Deductions   Yes   No
               Keep previous Direct Deposits   Yes   No
               NYS Paid Family Leave   Yes   No

*Social Security Number: _____   Employee Number:_____

*Full Name: _____
               Last   First   M.I.
*Address: _____ *Email Address_____

*City: _____ State: _____ Zip: _____

Phone: _____ Gender: Male   Female   Non-Binary   *Date of Birth: _____

County: _____ Ethnicity: (if applicable): _____

*Date of Hire: _____ Position Status: Full Time   Part Time   Per Diem   Seasonal   Student

*Pay Frequency: _____ *Salary (per pay period): _____ *Rate of Pay (per hour): _____

Health Benefits Available: Yes   No *If Yes, date eligible for benefits: _____

Div/Branch/Dept/Team: _____ Workers Compensation Code: _____

Withholding:

    *Federal: S   M   H   *Step 2C Multiple Jobs Check Box Checked: Yes   No

        Line 3   Dependents Amount _____   Line 4a Other Income Amount: _____

        Line 4b Deductions Amount: _____   Line 4c Extra Withholding Amount: _____

    *State: S   M   Other: _____   Number of Exemptions: _____   Additional Amount / %: _____

    Local Jurisdiction (if applicable): _____ PSD Code (if applicable): _____

Scheduled Deductions:

*NY Disability Insurance: Yes   No   *NY Paid Family Leave: Yes   No

Description:_____

  Amount per pay period:_____   Target Amount:_____

Description:_____

  Amount per pay period:_____   Target Amount:_____

Description:_____

  Amount per pay period:_____   Target Amount:_____

Description:_____

  Amount per pay period:_____   Target Amount:_____

Time Off Accrual:

Type: _____ Balance (hours): _____   Type: _____ Balance (hours): _____

Employer Signature: _____