

# EMPLOYEE INPUT WORKSHEET

Client #: \_\_\_\_\_

Company: \_\_\_\_\_

New Hire

Active Employee Change

Terminated Employee

ID#: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Gender: M/F

Birth Date: \_\_/\_\_/\_\_ Phone #: \_\_\_\_\_

SSN#: \_\_\_\_\_

Employment Type: \_\_\_\_\_

Hire Date: \_\_/\_\_/\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_

Rate: \_\_\_\_\_ Salary: \_\_\_\_\_ Hourly/Salary Pay Frequency: \_\_\_\_\_

Federal:

State Code

Filing Status

Exemptions

Flat/Extra % or \$

State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be Marked on W-2:

Statutory

Deceased

Def. Comp

Seasonal

## RECURRING EARNINGS:

Description

EARN CODE

EARN TYPE

CALC CODE

RATE

AMOUNT

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## RECURRING DEDUCTIONS:

Description

DED CODE

DED TYPE

CALC CODE

RATE

AMOUNT

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**SPECIAL INSTRUCTIONS:**