



# EMPLOYEE PAYROLL ENROLLMENT AND UPDATE FORM TO BE COMPLETED BY THE EMPLOYER

Date Submitted: \_\_\_\_\_

## EMPLOYEE CONTACT INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Change Date: \_\_\_\_\_  
 SSN \_\_\_\_\_ DOB \_\_\_\_\_ Reason: \_\_\_\_\_  
 Email \_\_\_\_\_  
 Marital Status: Married Single Gender: Male Female Auth Signature: \_\_\_\_\_

## PAYROLL ITEMS

**PAY TYPE** (select one)  Salary  Hourly **STATUS**  Full Time  Part time

**Salary:** Annual Salary \$ \_\_\_\_\_

**Hourly:** Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_  
 Rate Type \_\_\_\_\_ Rate Amount \$ \_\_\_\_\_

## DEDUCTION ITEMS

**Pre-Tax Items:** Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
**After-Tax Items:** Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
 Item Type \_\_\_\_\_ Item Amount \$ \_\_\_\_\_  
**Retirement Plan Employer Match:** Yes No Match % \_\_\_\_\_

## SICK AND VACATION

**Sick Pay:** No. of hours Earned per year \_\_\_\_\_ Max Hours accrued per year (if any) \_\_\_\_\_ Current Balance \_\_\_\_\_  
 Hours are accrued:  As a lump sum at the beginning of the year  Each pay period  Each Hour Worked  
**Vacation Pay:** No. of hours Earned per year \_\_\_\_\_ Max Hours accrued per year (if any) \_\_\_\_\_ Current Balance \_\_\_\_\_  
 Hours are accrued:  As a lump sum at the beginning of the year  Each pay period  Each Hour Worked

## WITHHOLDING INFORMATION

### W-4 FEDERAL

Single Married Married withhold at Single rate Total Allowances (Box5) \_\_\_\_\_ Additional w/h \_\_\_\_\_

## DIRECT DEPOSIT

- Please attach voided check for each account (no deposit tickets)
- Please attach Direct Deposit Authorization form

## NOTES