EMPLOYEE NEW HIRE FORM

Denotes Required Field   **Required Where Applicable**

Date:_____   Client Name/Number_____

Check only one: ☐ New Employee ☐ Change of information on current employee ☐ Rehire of previous employee on Paychex system

Personal Information

* ☐ W2 Employee ☐ 1099 Contractor   *SSN:_____ Employee ID:_____

*Employee Name:_____ *Birthdate:_____

*Address: _____   *Sex: ☐ Female ☐ Male

*City: _____   *State:_____   *Zip Code:_____

Employment Information

*Hire Date: _____   Pay Frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

☐ Hourly   Hourly Rate 1_____   Hourly Rate 2_____

☐ Salary   Per Pay Period_____

Work State: _____   Org Unit (Department Number): _____   Worker's Comp Code: _____

☐ Full Time   ☐ Part Time   Standard Hours: _____   Insurance/ESR Standard Hours: _____

Fed Filing Status: ☐ Single   ☐ Married   ☐ Married at a Single Rate

Fed Exemptions/Allowances:_____   Additional Flat:$_____   Additional %:_____

State Filing Status: ☐ Single ☐ Married   ☐ Married at a Single Rate

State Exemptions/Allowances: _____   Additional Flat:$_____   Additional %:_____

Are local taxes required? If yes, list work Municipality *(City, Borough or Township)*: _____

     ☐ Yes ☐ No   Employee live Municipality *(City, Borough or Township)*: _____

Local Health Insurance Required? ☐ Yes ☐ No

Will Direct Deposit be set up for this employee? ☐ Yes ☐ No   If yes, complete the Direct Deposit Form.

Will the employee have Earnings & Deductions? Check all that apply:

     ☐ Health Insurance ☐ Pretax ☐ Post-tax $_____   Per Pay Period / Monthly *(Circle One)*

     ☐ Dental Insurance ☐ Pretax ☐ Post-tax $_____   Per Pay Period / Monthly *(Circle One)*

     ☐ Retirement Plan _____

     ☐ Garnishment (Provide order when submitting)

     ☐ Time Off Accrual Policy   Policy Name: _____

          Rate: _____   Override Rate: _____

     ☐ Other: _____

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