



SETUP
NEW EMPLOYEE

CHANGE
STATUS ON
CURRENT EMPLOYEE

EMPLOYEE SETUP / CHANGE FORM

***Required Information** FAX TO : (210) 824-6842

CO#	*Company Name	Division	Branch	Department
*Employee ID#				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

*First Name	*Middle Initial	*Last Name	*Social Security #		
*Home Address		*City, State, Zip			
Home Phone	Other Phone	*Birth Date	*Hire Date	Gender	Ethnicity
		/ /	/ /		

*Employee Status (circle one)	Employee Change Information
Active / Terminated / LOA / Retired / Deceased	Description:

*FITW Status (circle one)	*Number of Exemption	SITW (State of Residence)	SUI (State employed in)	Local Tax # 1	Filing Status	Exemptions	Worker Comp Code
Single or Married							

Additional Withholding (flat \$ or % of gross)	Voluntary Deductions	Employee Status	
\$	Description:	W-2 Employee	Full Time
%	\$	1099 Contractor	Part Tme

Pay Frequency (circle one)	*Base Rate	*Salary	
Weekly / Biweekly / Semi Monthly / Monthly			
	Hourly	Monthly	Annually
Miscellaneous	Direct Deposit	<input type="checkbox"/> Check here for Automatic Pay	
Description:	Yes No	_____ Hours or Salary	

CLIENT CONTACT WHOM COMPLETED FORM:

DATE COMPLETED: