

Employee Information / Change Form

Please clearly print and complete all items on this page:

New Employee **OR** Change to Existing Employee If existing, effective date of change: _____

If you are making a change, please indicate what kind of change you are making below:

Address, Email or Phone Pay Rate Status (e.g. PT to FT) Job Title Emergency Contact Other: _____

Part 1 :: Employee Information (to be filled out by employee)

Employee Last Name: _____ First Name: _____ M.I. _____ Suffix: _____
(Enter Employee Name above as listed on the employee's Social Security Card or Legal Documentation then attach a copy)

Social Security number: Birth Date: _____

Phone: (primary) Phone: (mobile)

Current Physical Address: _____

City: _____ State: _____ Zip: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number:

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

State Employed In: _____ Zip Code Of Employment Location: _____

Local Taxes apply? Yes No If Yes, provide name of tax authority: _____

EEOC Information: (optional, any information volunteered will be kept confidential to be used for reporting to federal or state agencies only)

Veteran: Yes No Dates of Service: _____ Marital Status: Single Married Divorced Widowed
Ethnic Origin: American Indian or Alaskan Native Asian Black or African American Hispanic or Latino
 Native Hawaiian or Pacific Islander Two or More Races White Gender: Male Female

Part 2 :: Work Information (to be filled out by client contact)

Client / Company Name: _____ Client #:

Start Date: _____ Original Client Hire Date: _____ PEO Hire Date: _____

Work Status: Full Time Regular Full Time Temp Part Time Regular Part Time Temp Intern On Call

Department: _____ Job Title: _____ Position Code: _____

Pay Rate: _____ Previous Pay Rate: (if changing) _____ Type: Hourly Salary Commission

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Benefit Eligibility Class (BEC): _____

Signature of Employee _____ Date _____ (MM/DD/YEAR)

Signature of Supervisor _____ Date _____

FOR INTERNAL USE ONLY: Do not write below this line

Verified Paperwork: <input type="checkbox"/> I-9 <input type="checkbox"/> W-4 <input type="checkbox"/> Direct Deposit	W/C Code: _____	W/C State: _____
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