

NEW EMPLOYEE SET UP FORM

Employee Number:	Company Name:
Social Security Number:	
Start Date:	
Employee Name: Middle	e Last
Address:	
City, State, Zip:	State Zip Code
Salary:	Hourly Rate:
Date of Birth:	
Department:	
Filing Status: Married:	Single:
Federal: State: Resident \[\bigcup \text{Non Resident} \]	Form I-9 Form On File Yes: dent
Deductions:	
Effective Date:	Effective Date:
Effective Date:	Effective Date:
Effective Date:	Effective Date:
Special Instructions:	
Hours for Current Pay Period:	