



## NEW EMPLOYEE / EMPLOYEE CHANGE FORM

(circle one above) (only complete items that are changing)

Client Name: \_\_\_\_\_ Client ID#: \_\_\_\_\_

### NEW / CHANGE Employee (circle one)

Date of Hire \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Federal Withholding: (complete new W4) Married / Single (circle one) Exemptions: \_\_\_\_\_

State Withholding : (complete new state form) Married / Single (circle one) Exemptions: \_\_\_\_\_

Bank Account (Attach voided check) Routing # \_\_\_\_\_ Account# \_\_\_\_\_

State Tax Withholding % : \_\_\_\_\_

SITW State Name (Live-in State): \_\_\_\_\_ SUI State Name (Work-in State): \_\_\_\_\_

Division: \_\_\_\_\_ Branch: \_\_\_\_\_ Department: \_\_\_\_\_

New Wage / Pay Period \$ \_\_\_\_\_ Hourly / Salary (circle one)

Affordable Care Act (ACA) Status : Full Time (30+ hrs/wk) / Part Time (<30 hrs/wk) / Unknown (circle one)

### Internal Use Only

Payroll Specialist: Change Date \_\_\_\_\_ Initials \_\_\_\_\_

Manager Audit Date \_\_\_\_\_ Initials \_\_\_\_\_