



Employee Information Sheet

Employee's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Department: \_\_\_\_\_

Attached:

- W-4
Direct Deposit Authorization
YTD Earnings History (if mid-year start-up)

Earnings:

Pay period: Weekly Bi-weekly Monthly Rate: \_\_\_\_\_ Hourly / Salary

Tax Withholdings:

State: \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_

Other Deductions:

Medical \$ \_\_\_\_\_ per pay period

Dental \$ \_\_\_\_\_ per pay period

Vision \$ \_\_\_\_\_ per pay period

Disability \$ \_\_\_\_\_ per pay period

Advance(s)\$ \_\_\_\_\_ per pay period

Tools \$ \_\_\_\_\_ per pay period

Uniforms \$ \_\_\_\_\_ per pay period

Other \$ \_\_\_\_\_ per pay period Type \_\_\_\_\_

Other \$ \_\_\_\_\_ per pay period Type \_\_\_\_\_

Employer Sponsored Retirement Plan:

Type: \_\_\_\_\_

Employee Contribution: \$ \_\_\_\_\_ per pay period
Fixed amount or percentage

Employer Contribution: \$ \_\_\_\_\_ per pay period
Fixed amount or percentage