



## 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      Semi-Monthly      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