



**Employee Information Sheet**

New Hire

ReHire

Change of Information

<b>Company Name:</b>	<b>Company ID:</b>
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**Employee Information**

Social Security #:		(Re)Hire/Separation Date:	
EE Code:		Date of Birth:	
Last Name:		First Name:	
Address:			
Address 2:			
City:	State:	Zip:	
Timekeeper Card #:	Primary Phone:		
Gender:	Workers Comp Class:		
Division:	Branch:	Department:	Team:
Email Address (for payroll stubs):			

**Pay Information**

Pay Frequency (Check One)	Weekly	Bi-Weekly	Semi-Monthly	Monthly
Per Pay Period Salary \$:	Hrs	\$ to Pay:	Dept:	
Rate 1:	Hrs	\$ to Pay:	Dept:	
OT Rate 1:	Hrs	\$ to Pay:	Dept:	
Rate 2:	Hrs	\$ to Pay:	Dept:	
Other \$:	Tips \$:			
First Pay Prorated \$:				
1099?	J-1 Visa Employee?			
Time Off Accrual?	TOA Rate:			

Taxation	State to Withhold (or Local/County)	Single or Married (Check One)	Exemptions Claimed (Enter Number)	Additional Tax Options (Check Options)		
<i>Federal</i>		S M		Flat	Extra _____	\$ %
<i>State</i>		S M		Flat	Extra _____	\$ %
<i>Local</i>		S M		Flat	Extra _____	\$ %
<i>Disability</i>						
<i>SUI</i>						

**Voluntary Scheduled Deductions**

Description (ex. Health)	Type (ex. Pretax)	Permanent Per Pay \$	One Time \$

Please fax completed form to PayTime at 804.355.7347 or Toll Free 888.355.7347  
 Questions? Please call a PayTime Rep at 804.355.6674 or Toll Free 888.355.6674