



NEW EMPLOYEE
 EMPLOYEE CHANGE
 REACTIVATED EMPLOYEE

Company # _____ Employee # _____

Company Name: _____

Employee Name: _____ Main Dept: _____

Address: _____ Date of Hire: _____

Address: _____ Date of Birth: _____

Address: _____ Sex: Male Female

Social Security #: _____ (You may also use an FEIN # on a 1099.) 1099: Yes No

Specify the Salary amount, or Hourly Rate(s) the employee is to be paid: (Please note multiple depts if applicable.)

Hourly Rate 1: \$ _____ Dept: _____ Hourly Rate 3: \$ _____ Dept: _____ Annual Salary: \$ _____

Hourly Rate 2: \$ _____ Dept: _____ Hourly Rate 4: \$ _____ Dept: _____ Salary per Pay Period: \$ _____

Filing Status: Married Single Number of exemptions: Federal _____ State _____

Exempt from withholding: Federal State Specify any City tax to be withheld: _____

Extra amount(s) to be withheld: Federal \$ _____ State \$ _____ Time Card # _____ (If applicable.)

Specify any County or School District tax to be withheld: _____

Deductions other than taxes: (Example: Health, Dental, 401K - We require a copy of a court order for any Michigan State

Disbursement, Chapter 13, or Garnishment deductions) _____

Direct Deposit: Yes: No: (If yes, please complete the Payroll Matters Direct Deposit NEACH Prenotification Form.)

If this form is being submitted to inform us of a change, please specify that change here: _____

