

NEW HIRE PACKET



A Full Service HR Management Company

Disclaimer: All new hire forms must be filled out completely and entered into payroll within 3 days of a new employee or contractor. If employee or contractor does not supply employer with documents, employee/contractor is unable to be added to client's payroll.



A Full Service HR Management Company

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____	Birth Date MM___/DD___/YY___
Address _____	Hire Date MM___/DD___/YY___
City, State, Zip _____	Social Security No. _____
Email Address _____	Gender <input type="radio"/> Female <input type="radio"/> Male

Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit Yes No If yes, attach completed Authorization of Direct Deposit form

Tax Information

Please attach or specify the following information for this employee:

- Attach completed federal Form W-4
- Attach completed state withholding form
Only applicable if state income tax and filing status/allowances are different from federal
- Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

- Specify any local taxes that need to be withheld from this employee's paycheck: _____

Notes:

Pay Information

How often will this employee be paid?

Pay Frequency

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other _____

Payday details

Date(s) or day(s) employees paid _____
(e.g. 1st and 15th of the month)

Period Covered _____
(e.g. Paycheck on the 1st covers the 16th to the end of the prior month)

Which types of pay does this employee receive?

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary _____ per _____ | <input type="checkbox"/> Bonus | <input type="checkbox"/> Clergy Housing (Cash) |
| <input type="checkbox"/> Hourly _____ per hour | <input type="checkbox"/> Commission | <input type="checkbox"/> Clergy Housing (In-Kind) |
| <input type="checkbox"/> 2 nd hourly rate _____ per hour | <input type="checkbox"/> Double overtime | <input type="checkbox"/> Bereavement Pay |
| <input type="checkbox"/> Overtime Pay | <input type="checkbox"/> Allowance | <input type="checkbox"/> Group Term Life Insurance |
| <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> S-Corp Owners Health Ins. |
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Cash Tips | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Holiday Pay | <input type="checkbox"/> Paycheck Tips | <input type="checkbox"/> Other: |

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck

Deduction	\$ Amount or % of Gross	Deduction	\$ Amount or % of Gross
<input type="checkbox"/> Pre-tax medical		<input type="checkbox"/> 403b	
<input type="checkbox"/> Pre-tax vision		<input type="checkbox"/> Simple IRA	
<input type="checkbox"/> Pre-tax dental		<input type="checkbox"/> SAR SEP	
<input type="checkbox"/> Taxable medical		<input type="checkbox"/> Medical expense FSA	
<input type="checkbox"/> Taxable vision		<input type="checkbox"/> Dependent care FSA	
<input type="checkbox"/> Taxable dental		<input type="checkbox"/> Loan Repayment	
<input type="checkbox"/> 401K		<input type="checkbox"/> Cash Advance Repayment	
<input type="checkbox"/> Simple 401K		<input type="checkbox"/> Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

- Yes No If yes, attach copies of all garnishment orders



Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay

No. of Hours Earned Per Year _____

Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

- As a lump sum at the beginning of year
- Each pay period
- Each hour worked

Vacation Pay

No. of Hours Earned Per Year _____

Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

- As a lump sum at the beginning of year
- Each pay period
- Each hour worked

Not



Authorization for Direct Deposit

I authorize _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

***Balance of pay to:**

_____ Manual (paper check)

_____ Account described below

***Note:** Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.