

Employee Set-up Form

CheckWriters Payroll

Client Name _____

EMPLOYEE ID# _____	TELEPHONE () - _____
DIVISION _____	
BRANCH _____	PAY FREQ. [Wkly] [Biwkly]
DEPARTMENT _____	[S-Mthly] [Mthly]
LAST NAME _____	
FIRST NAME _____	SEX [M] [F]
ADDRESS 1 _____	
ADDRESS 2 _____	WorkComp Code _____
CITY / STATE _____	2ND STATE/TAX _____
ZIP CODE _____	BIRTH DATE / /
SOCIAL SEC. # _____ - -	CLOCK # _____
HIRE DATE _____	ADDTL FED \$ or %
FED. STATUS [S] [M] _____	ADDTL STATE \$ or %
STATE STATUS [S] [M] _____	PENSION CD _____
AVERAGE HOURS _____	1099 Y / N _____
SALARY \$ _____	401K EFF DATE / /
HOURLY RATE \$ _____	

Recurring Items		Amount
Earn / Deduct No. & Description		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____