

Employee Set-up Form

CheckWriters, Inc.

Client Name _____

EMPLOYEE ID# _____ TELEPHONE () - _____

DIVISION _____

BRANCH _____ PAY FREQ. [Wkly] [Biwkly]

DEPARTMENT _____ [S-Mthly] [Mthly]

LAST NAME _____

FIRST NAME _____ SEX [M] [F]

EMAIL ADDRESS _____

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 % _____
of exemptions

STATE STATUS [S] [M] _____ PENSION CD _____
of exemptions

AVERAGE HOURS _____ 1099 Y / N _____

SALARY \$ _____ 401K EFF DATE / /

HOURLY RATE \$ _____

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