



**Employee Data Sheet**

Company \_\_\_\_\_ # \_\_\_\_\_

New Employee
  Change Employee Information

**Employee #** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Name** \_\_\_\_\_  
First Middle I. Last

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

<u>Federal Withholding Rate</u> _____	<u>State Withholding Rate</u> _____	State _____
<b>Filing Status</b> _____		Filing Status _____
<b># of Allowances</b> _____		# of Allowances _____
Additional Amount _____		Additional Amount _____

<b>Salary</b> _____ <small>per pay period</small>	<b>Hourly Rate</b> _____	<b>Overtime Rate</b> _____
<u>Other Pay</u> Type _____	Amount _____	Note _____
Type _____	Amount _____	Note _____
Type _____	Amount _____	Note _____
Type _____	Amount _____	Note _____

<b>Hire Date</b> _____	<b>Department</b> _____	<b>Department #</b> _____
<b>Birth Date</b> _____	<b>Title</b> _____	<b>Status</b> _____
<b>EEO Class</b> _____	<b>Location</b> _____	<b>Last Review Date</b> _____
<b>Gender</b> _____	<b>Division</b> _____	<b>Next Review Date</b> _____

Deduction 1 _____	Amount _____	Note _____
Deduction 2 _____	Amount _____	Note _____
Deduction 3 _____	Amount _____	Note _____

Benefit 1 _____	Amount _____	Note _____
Benefit 2 _____	Amount _____	Note _____
Benefit 3 _____	Amount _____	Note _____