

# New Employee Registration

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Company Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Department: \_\_\_\_\_

Marital Status: M S H   Exemptions: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hire Date: \_\_\_\_\_

[H]ourly or [S]alary    Hourly Rate: \_\_\_\_\_ Salary: \_\_\_\_\_

Additional Information:

Deductions: <input type="checkbox"/> <input type="checkbox"/>	Code: <input type="checkbox"/> <input type="checkbox"/>	Rate: <input type="checkbox"/> <input type="checkbox"/>	Frequency:
Accrual: <input type="checkbox"/> <input type="checkbox"/>	Code: <input type="checkbox"/> <input type="checkbox"/>	Rate (if needed): <input type="checkbox"/>	Frequency:
Additional Earnings: <input type="checkbox"/>	Code: <input type="checkbox"/> <input type="checkbox"/>	Rate: <input type="checkbox"/> <input type="checkbox"/>	Frequency:

