



EMPLOYEE UPDATE FORM

Date Submitted: _____

First Name _____ M.I. _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____ County _____
 SSN _____ DOB _____
 E-Mail _____
 Marital Status: Married Single Gender: Male Female

Hire Date: _____
 Termination Date: _____
 Change Date: _____

Auth. Signature _____

LOCATION
 Default Location _____ Other _____
 Default Department _____ Other _____

PAYROLL ITEMS

PAY TYPE (select one): Salary Hourly

Salary: Annual Salary \$ _____

Hourly: Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____

DEDUCTION ITEMS

Pre-Tax Items: Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____

After-Tax Items: Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____

Retirement Plan Employer Match: Yes No Match % _____

WITHHOLDING INFORMATION

<p>W-4 FEDERAL</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married withhold at Single rate Total Allowances (Box 5) _____ Additional w/h _____</p>	<p>WH-4 STATE</p> <p>Personal Exemption (Line 5) _____ Dependent Exemption (Line 6) _____ Additional State w/h _____</p>
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DIRECT DEPOSIT

Please attach voided check for each account (no deposit tickets)

Please attach Direct Deposit Authorization form

NOTES