



# EMPLOYEE INFORMATION

**\*\* check box if employee info has changed**

Emp # *	Full or Part time	Dept # *	SS#		Pay Rate(s)
First Name	Mid	Last Name		Status: Married / Single	
Street Address				Allowances claimed on W4	
City	State	Zipcode	Hire Date	Birth Date	
Special Automatic Deductions (ie 401K, Child Support, Insurance etc)					

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\* Leave blank unless you've already assigned a number and wish to have us continue using it.

\*\* Check appropriate boxes where employee info has changed. Always include employee first and last names (& Emp# of possible).