Employee Sheet

Company Name: _____

Employee #: _____

Social Security #: _____

First Name: _____ **MI**: _____ **Last Name**: _____

Address: _____

City: _____ **State**: _____ **Zip**: _____

Birth Date: _____ **Hire Date**: _____

Fed Marital Status _____ **# of exemptions** _____ **Additional $**_____

State Marital Status _____ **# of exemptions** _____ **Additional $**_____

Pay Rate _____ per hour   or   **Salary** _____

Sex (Circle One)   M   F

Email Address: _____

Department: _____

Pay Frequency (Circle One)

W   BI   SM   M

Deductions or additional Earnings:

Deduction/ Earning Name   Per Pay Period $ Amount

_____   _____

_____   _____

_____   _____

_____   _____