Schedule A – New Employee Data

Employee Information

Lastname:_____Firstname:_____Employee #:_____

Address:_____

City:_____

State:_____ Zip Code:_____

County (Local Tax Code):_____ State of Employment:_____

Social Security Number:_____ Date of Birth:_____

Male / Female (*Please circle*) Start Date:_____ Termination Date:_____

Marital Status: Single / Married (*Please circle*)

Exemptions: Federal: _____ State:_____

Additional Withholdings:

	$'s	%
Federal		
State		

Employee First Pay Information:

				Hours this Pay Period	
Department	**Job Code**	**Pay Rate**		**Regular**	**Overtime**

If employee is requesting Direct Deposit please complete Schedule D – Employee Direct Deposit Authorization Enrollment Form located in the Additional Forms Section.

Standard Adjustments:

List all adjustments available to your employees. Frequency: P – Per Pay M – Monthly	*I.D. #*	*Frequency*	*Description*	*Reset at Year-End (Y or N)*	*Adj. Based on Hrs.*	*Amount*
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____