



# 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

<u>FEDERAL</u>	<u>STATE</u>
<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
<input type="checkbox"/> Married withhold at Single rate	<input type="checkbox"/> Married withhold at Single rate
Total Allowances (Box 5) _____ Additional w/h _____	Total Allowances _____ Additional w/h _____

## DIRECT DEPOSIT

## NOTES

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

Please attach Direct Deposit Authorization form