



## NEW EMPLOYEE SET-UP INFORMATION

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CLIENT NUMBER: \_\_\_\_\_ CLIENT NAME: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(If no number is specified, PMI will use last 4 digits of SS#)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Email: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Worker's Comp Code: \_\_\_\_\_

Hourly Salary Hourly rate: \_\_\_\_\_ or Salary per pay period: \$ \_\_\_\_\_

Pay Cycle (weekly, biweekly, monthly, etc.): \_\_\_\_\_ Work State (state employee will physically be working): \_\_\_\_\_

### Tax Withholding Information (from W-4 form):

Federal filing status (M, S, H): \_\_\_\_\_ W-4 Box 2: Y or N W-4 Box 3: \_\_\_\_\_

W-4 Box 4a: \_\_\_\_\_ W-4 Box 4b: \_\_\_\_\_ Additional FWT (W-4 Box 4c): \_\_\_\_\_ \$ or %

State filing status (M, S, B (both working)): \_\_\_\_\_ Exemptions: \_\_\_\_\_ Additional SWT: \_\_\_\_\_ \$ or %

Ethnicity: White Black Hispanic Asian Other

Full-time Part-time

Start vacation / sick / holiday / personal on this employee? \_\_\_\_\_

If yes, at what accrual rate? \_\_\_\_\_

Total accrued amount: \_\_\_\_\_