

Toll Free: 1-800-734-6880 Toll Free Fax: 1-800-322-6880 www.payrollmgt.com

## **NEW EMPLOYEE SET-UP INFORMATION**

CLIENT NUMBER:	CLIENT NAME:	SUBMITTED BY:		
			DATE:/	
Employee Number:(If no number is specified, PMI will use las			First:	MI:
Address Line 1: Address Line 2:				
City:		State:	ZIP Code:	
Email:		Cell #:		
Social Security Number	S	ex (M or F):	Pay Cycle (weekly, biweekly, monthly, etc.):	
Department:	Division:		Worker's Comp Code:	
Tax Withholding Informati	on (from form W-4):			
Federal filing status (M o	r S):	_ Exemptions: _	Additional FWT:	\$ or %
State filing status (M, S, B (both working)): Exemptions: _			Additional SWT:	\$ or %
Part Time	Full Time _			
Ethnicity White	Black	Hispanic	Asian Other	·
Hourly/Salaried:	(H or S) Hourly rate	e: or	Salary per pay period:	
Date of Hire:	Date of Birt	th:	_ Home Phone: ( )	
Start vacation / sick / holid	ay / personal on this emplo	yee?		
If yes, at what accrual rate?				
Total accrued amount:				