



NEW EMPLOYEE SET-UP INFORMATION

CLIENT NUMBER: _____ CLIENT NAME: _____ SUBMITTED BY: _____

DATE: ____/____/____

Employee Number: _____ Last Name: _____ First: _____ MI: _____
(If no number is specified, PMI will use last 4 digits of SS#)

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Cell #: _____ Home Phone: _____

Social Security Number _____ Sex (M or F) _____ Date of Birth _____

Date of Hire: _____ Pay Cycle (weekly, biweekly, monthly, etc.) _____

Department: _____ Worker's Comp Code: _____

Tax Withholding Information (from form W-4):

Federal Filing Status (M or S) _____ Exemptions: _____ Additional FWT: _____ \$ or %

State Filing Status (M, S, B (both working)) _____ Exemptions: _____ Additional SWT: _____ \$ or %

Hourly/Salaried (H or S) _____ Hourly rate: _____ or Salary per pay period: _____

Start vacation / sick / holiday / personal on this employee? _____

If yes, at what accrual rate?

Total accrued amount: _____