

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 la			First:	MI:
Address Line 1:		Address	Line 2:	
City:		State:	ZIP Code:	
Email:		Cell #:		
Social Security Number	Se	ex (M or F):	Pay Cycle (weekly, biweekly, monthly,	etc.):
Department:	Division:		Worker's Comp Code:	
Tax Withholding Informat	tion (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 %
Part Time	Full Time _			
Ethnicity White	Black	Hispanic	Asian (Other
Hourly/Salaried:	(H or S) Hourly rate	: or	Salary per pay period:	
Date of Hire:	Date of Birt	h:	_ Home Phone: ()	
Start vacation / sick / holic	lay / personal on this emplo	yee?		
If yes, at what accrual rate	?			
Total accrued amount:				