



COMPLETE PAYROLL

Welcome to Payroll Country.

Employee Information Sheet

Personal Information:

Company Name: _____ COID: _____ CSR: _____

New Hire Re-Hire: _____ Termination / Leave _____

Change Only Previous name if any: _____ Reason: _____

Keep previous Deductions Yes No

Keep previous Direct Deposits Yes No

NYS Paid Family Leave Yes No

*Social Security Number: _____ Employee Number: _____

*Full Name: _____
Last First M.I.

*Address: _____

*City: _____ State: _____ Zip: _____

Phone: _____ Gender: Male Female Non-Binary Date of Birth: _____

County: _____ Ethnicity: (if applicable): _____

*Date of Hire: _____ Position Status: Full Time Part Time Per Diem Seasonal Student

*Pay Frequency: _____ *Salary (per pay period): _____ *Rate of Pay (per hour): _____

Health Benefits Available: Yes No *If Yes, date eligible for benefits: _____

Div/Branch/Dept/Team: _____ Workers Compensation Code: _____

Withholding:

*Federal: S M H *Step 2C Multiple Jobs Check Box Checked: Yes No

Line 3 Dependents Amount _____ Line 4a Other Income Amount: _____

Line 4b Deductions Amount: _____ Line 4c Extra Withholding Amount: _____

*State: S M Other: _____ Number of Exemptions: _____ Additional Amount / %: _____

Local Jurisdiction (if applicable): _____ PSD Code (if applicable): _____

Scheduled Deductions:

*NY Disability Insurance: Yes No *NY Paid Family Leave: Yes No

Description: _____

Amount per pay period: _____ Target Amount: _____

Description: _____

Amount per pay period: _____ Target Amount: _____

Description: _____

Amount per pay period: _____ Target Amount: _____

Description: _____

Amount per pay period: _____ Target Amount: _____

Time Off Accrual:

Type: _____ Balance (hours): _____ Type: _____ Balance (hours): _____

Employer Signature: _____