



EMPLOYEE UPDATE FORM

Date Submitted: _____

First Name _____ M.I. _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____ County _____
 SSN _____ Date of Birth _____
 E-Mail _____
 Marital Status Married Single Gender Male Female

Hire Date _____
 Termination Date _____
 Change Date _____
 Authorized Signature

LOCATION

Default Location _____ Other _____
 Default Department _____ Other _____

PAYROLL ITEMS

PAY TYPE (select one) Salary Hourly

Salary: Annual Salary \$ _____

Hourly: Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____
 Rate Type _____ Rate Amount \$ _____

DEDUCTION ITEMS

Pre-Tax Items: Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____

After-Tax Items: Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____
 Item Type _____ Item Amount \$ _____

Retirement Plan Employer Match: Yes No Match % _____

WITHHOLDING INFORMATION

W-4 FEDERAL

Single Married
 Married withhold at Single rate
 Total Allowances (Box 5) _____ Additional w/h _____

W-4 STATE

Personal Exemption (Line 5) _____
 Dependent Exemption (Line 6) _____
 Additional State w/h _____

DIRECT DEPOSIT

Please attach voided check for each account
 (no deposit tickets)
 Please attach Direct Deposit Authorization form

NOTES

