



EMPLOYEE ADD/CHANGE FORM

Please make sure all fields are accurately completed. Missing data can result in payroll delays.

COMPANY NAME: _____

Please specify if we are adding a new employee or changing an existing employee's information. ADD CHANGE

Social Security Number

____ - ____ - _____ Employee #: _____ Date of Hire: ____/____/____

Salary Hourly Per P/P Salary Rate \$ _____ or/Hourly Rate \$ _____ Hours this pay period: _____

Last Name: _____ First Name: _____ Mi. Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Married Single Head of Household No. of Exemptions: _____

Agriculture Employee YES NO Dept./WC code # _____

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Agriculture Employee YES NO Dept./WC code # _____