

Employee Set-Up and Change Form

Employer		Date	
New Employe	ee xisting Employee (only fill in item	s that have changed)	
Effective Date of Change	·		
SSN No	Employee No	Department	
Employee Name			
Street Address			
City	State	Zip Code	
Hire Date	Termination Date	Birth Date	
Pay Rate \$			
Email Address (ESS Web	Employee)		
Federal	State	Other Pay or Misc Deductions	
Withholding	<u>Withholding</u>	•	Amount
Single	Single		_ \$
Married	Married		_ \$
Qualifying Child Under 17 \$	Married WH Higher Rate		\$
Other Dependents \$	Exemptions	401k	\$\$
Additional \$	Additional \$	Roth	\$
Other Income \$		Simple IRA	\$
Hours / Salary this pay perio	d		
Direct Deposit Account Type			
Checking Savings			
Bank Name			
Bank Routing No Account No			