**Employee Information Sheet**

(Complete this form for each employee)

**General Information**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:**  **MM**\_\_\_\_/**DD**\_\_\_\_/**YYYY**\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date:**  **MM**\_\_\_\_/**DD**\_\_\_\_/**YYYY**\_\_\_\_

**City, State, Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:**  **Male**\_\_\_\_\_\_\_ **Female**\_\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pay Information**

**Pay Frequency**: W BW SM M Is this employee subject to **wage garnishments**,

**Salary:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period such as a federal tax or child support garnishment?

**Hourly**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour **Yes**\_\_\_ **No**\_\_\_ (if so, please attach copies of court orders)

**Sick and Vacation**  (If this employee earns paid time off, complete the section below; otherwise, please leave blank)

**Sick Pay Vacation Pay**

# of hours earned per year \_\_\_\_\_\_\_\_ # of hours earned per year \_\_\_\_\_\_\_\_

Max. hours accrued per year \_\_\_\_\_\_\_\_ Max. hours accrued per year \_\_\_\_\_\_\_\_

Current Balance \_\_\_\_\_\_\_\_ Current Balance \_\_\_\_\_\_\_\_

Hours are accrued: Hours are accrued:

\_\_\_ as a lump sum \_\_\_ as a lump sum

\_\_\_ each pay period \_\_\_ each pay period

\_\_\_ each hour worked \_\_\_ each hour worked