

Employee Information Sheet

Check one: Add employee Update existing employee (only complete name and affected fields)

First name	_____	M.I.	_____	Last name	_____
Email address	_____	Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary/ Other
(provide to gain online access to paystubs/W-2s)					
Street address	_____	Unit	_____		
City	_____	State	_____	Zip code	_____
Social Security number	_____	Date of birth	___ / ___ / ___	Hire date	___ / ___ / ___

Pay schedule (check one)	<input type="checkbox"/> Existing schedule:	_____	on	_____
		(weekly/biweekly/semimonthly/monthly)		(day of the week/day of the month)
	<input type="checkbox"/> New schedule:	_____	on	_____
		(weekly/biweekly/semimonthly/monthly)		(day of the week/day of the month)
	starting	___ / ___ / ___	(first pay date)	
	for pay period	___ / ___ / ___	through	___ / ___ / ___
		(period start)		(period end)

Work location (check one)	<input type="checkbox"/> Main office location	<input type="checkbox"/> Employee's home address	<input type="checkbox"/> Other (list below)
Street address	_____	Unit	_____
City	_____	State	_____
Zip code	_____		
SOC (Indiana only)	_____	(look up codes: https://www.hoosierdata.in.gov/coder/)	

Pay information (check one)
<input type="checkbox"/> Hourly \$ _____ / hour
<input type="checkbox"/> Salary \$ _____ per _____ (week/month/year)
<input type="checkbox"/> Commission only

<u>Employee checklist:</u>	<u>Employer checklist:</u>
Direct deposit form (include voided check)	Direct deposit form (sign off)
Form I-9	Form I-9 (sign off)
State withholding form	New hire reporting (mail/fax/submit)
Federal W-4	SOC code (complete/verify)
	Pay schedule (complete/verify)
	PTO/pay information (complete/verify)

Employee Information Sheet

PTO (<u>check at least one</u>)			<input type="checkbox"/> Eligible as of ___ / ___ / ___	<input type="checkbox"/> Not eligible for PTO
<input type="checkbox"/> Vacation (complete below)	<input type="checkbox"/> Sick (complete below)	<input type="checkbox"/> Paid time off (complete below)		
Vacation Starting balance _____ Accrual method (select one) <input type="checkbox"/> Per pay period <input type="checkbox"/> Per hour worked <input type="checkbox"/> At the beginning of the year Accrue _____ hours per _____ <small>(year/hour worked)</small> Maximum balance* _____ <small>(optional)</small>	Sick Starting balance _____ Accrual method (select one) <input type="checkbox"/> Per pay period <input type="checkbox"/> Per hour worked <input type="checkbox"/> At the beginning of the year Accrue _____ hours per _____ <small>(year/hour worked)</small> Maximum balance* _____ <small>(optional)</small>	Paid time off Starting balance _____ Accrual method (select one) <input type="checkbox"/> Per pay period <input type="checkbox"/> Per hour worked <input type="checkbox"/> At the beginning of the year Accrue _____ hours per _____ <small>(year/hour worked)</small> Maximum balance* _____ <small>(optional)</small>		
*Maximum balance will limit how much PTO an employee can have at any given time, but will <u>not</u> limit overall annual accrual				

Deductions <input type="checkbox"/> No deductions		
Insurance* (per paycheck)		
<input type="checkbox"/> Pre-tax medical \$ _____	<input type="checkbox"/> Pre-tax dental \$ _____	<input type="checkbox"/> Pre-tax vision \$ _____
<input type="checkbox"/> Taxable medical \$ _____	<input type="checkbox"/> Taxable dental \$ _____	<input type="checkbox"/> Taxable vision \$ _____
Retirement plans (check only one)		Deduction amount (check only one)
<input type="checkbox"/> Traditional 401(k)	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Other _____
<input type="checkbox"/> Roth 401(k)	<input type="checkbox"/> SIMPLE 401(k)	<input type="checkbox"/> _____ % of gross
		<input type="checkbox"/> \$ _____ per paycheck
*Insurance plan offered by company must be a POP (premium-only plan) in order to qualify for pre-tax payroll deductions		