

Employee Information Sheet

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

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

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

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

Pay information <small>(check one)</small>
Hourly \$ _____ / hour
Salary \$ _____ per _____ <small>(week/month/year)</small>
Commission only

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

Employee Information Sheet

PTO (<u>check at least one</u>) Vacation (complete below)	Eligible as of ___ / ___ / ___ Sick (complete below)	Not eligible for PTO Paid time off (complete below)
Vacation Starting balance _____ Accrual method (select one) Per pay period Per hour worked At the beginning of the year Accrue _____ hours per _____ (year/hour worked) Maximum balance* _____ (optional)	Sick Starting balance _____ Accrual method (select one) Per pay period Per hour worked At the beginning of the year Accrue _____ hours per _____ (year/hour worked) Maximum balance* _____ (optional)	Paid time off Starting balance _____ Accrual method (select one) Per pay period Per hour worked At the beginning of the year Accrue _____ hours per _____ (year/hour worked) Maximum balance* _____ (optional)
*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	No deductions	
Insurance* (per paycheck)		
Pre-tax medical \$ _____ Taxable medical \$ _____	Pre-tax dental \$ _____ Taxable dental \$ _____	Pre-tax vision \$ _____ Taxable vision \$ _____
Retirement plans (check only one)		Deduction amount (check only one)
Traditional 401(k) SIMPLE IRA Other _____	_____ % of gross	
Roth 401(k) SIMPLE 401(k)	\$ _____ per paycheck	
*Insurance plan offered by company must be a POP (premium-only plan) in order to qualify for pre-tax payroll deductions		