



NEW EMPLOYEE INFORMATION

Employer Name: _____

Employee Name: _____

Employee Address: _____

Social Security Number: _____

Gender Identity: _____

Date of Birth: _____

Date of Hire: _____

Email: _____ (required for online access to direct deposit paystubs)

Work location, if applicable: _____

Department, if applicable: _____

Supervisor: _____

Pay Type:

Hourly Pay Rate: _____

Salary: _____/Year Month Week (circle one)

ACA reporting information:

Employee Type, check one:

Salaried

Average less than 30 hour per week

Average more than 30 hours per week

Exempt (Owners)