



Employee Set-Up Form

6405 Century Ave Phone: **(608) 826-1100**
Middleton, WI 53562 Toll Free: **1-877-27PAYCO**
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NEW EMPLOYEE CHANGE EMPLOYEE INFO

Employee Information

Company Name: _____
 Employee #: _____ Division #: _____
 Department #: _____ Group #: _____
 Status: New Hire Active Inactive Terminated Rehired Payment Check
(Circle One)
 Pay Frequency: Weekly Bi-weekly Semi-Monthly Monthly
(Circle One)
 Employee Name: _____ (First) _____ (Middle) _____ (Last)
 Address 1: _____
 Address 2: _____
 City/State/Zip: _____
 Phone #: () - - Sex: Race: EEOC: _____
 Social Security #: _____ - - -
 Job Title: _____ Clock #: _____ W-2 Pension: Y or N
 Term Date: ____/____/____ Reason: ____/____/____
 DOB: ____/____/____ Hire Date: ____/____/____
 Compensation: _____ per (circle) Hour Pay Period

Taxes

Income Tax State _____ Unemployment Tax State _____ 1099 Subcontractor
 Marital Status: Married Single Married, tax as single
(circle one)
 Federal Exemptions: _____ State Exemptions: _____
 Other Fed. Withholdings: _____
 Flat \$\$\$ _____ Additional \$\$\$ _____ Flat % _____ Additional % _____
 Other State Withholdings: _____
 Flat \$\$\$ _____ Additional \$\$\$ _____ Flat % _____ Additional % _____

Deductions

Type	Amount Per Pay	Goal	Pre-Tax	Effective Date
Health Ins			Y N	
Dental			Y N	
401k			Y N	
Other:			Y N	
Other:			Y N	
Other:			Y N	

Accruals

Type	Amount Per Pay	Goal	Effective Date
Vacation	Hrs		
Sick	Hrs		
Holiday	Hrs		
PTO	Hrs		
Other:	Hrs		
Other:	Hrs		