



Employee Payroll Enrollment and Update Form

Employer: _____ Date: _____

Demographics	
First Name _____	MI _____
Last Name _____	
Address _____	
City _____	State _____
Zip _____	County _____
Email _____	SSN _____
DOB _____	
Marital Status	M / S
Gender	M / F
Location _____	<input type="checkbox"/> Hire Date: _____ <input type="checkbox"/> Term Date: _____ <input type="checkbox"/> Change Date: _____
Department _____	
Auth. Signature _____	
Date _____	

Payroll Information	
Pay Type <input type="checkbox"/> Salary <input type="checkbox"/> Hourly Salary \$ _____ per year OR Rate \$ _____ per hour	Other Special Instructions:
Deductions	
<i>Pre-Tax Items</i>	
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
<i>After-Tax Items</i>	
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Item Type _____	Item Amount \$ _____
Retirement Plan Employer Match: <u>Y / N</u> Match \$ _____ or _____ %	