



## EMPLOYEE MAINTENANCE FORM

COMPANY NAME/CODE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ DIVISION \_\_\_\_\_ DEPT \_\_\_\_\_

*First*                      *Middle Initial*                      *Last*

EMPLOYEE STATUS...      NEW HIRE      TERM      EMPLOYEE CHANGE      RE-HIRE      DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_  
    *Street and no.*                      *City*                      *State*                      *Zip Code*                      *State works In*

SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_      D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_      SEX    M    F    NON-BINARY

<b>HOURLY RATE</b>	<b>SALARY</b>
Rate 1 _____	\$ Per Pay Period _____
Rate 2 _____	
Rate 3 _____	O/T Paid?    Y /    N

**MARITAL STATUS:**

Single      Married      Married, w/h at higher single rate

**WITHHOLDINGS**

#. of allowances: Federal \_\_\_\_\_ State \_\_\_\_\_  
 Extra w/h amount? Federal \_\_\_\_\_ State \_\_\_\_\_  
 Exempt Status: Federal \_\_\_\_\_ State \_\_\_\_\_

**STATE EMPLOYEE WORKS IN:**

1099 RECIPENT? FID \_\_\_\_\_ SSN \_\_\_\_\_  
 VISA EMPLOYEE? Type \_\_\_\_\_ Country \_\_\_\_\_

**DEDUCTIONS/ACCRUALS**

DESCRIPTON	AMOUNT PER PAY PERIOD
_____	\$ _____
_____	\$ _____
_____	\$ _____

**COMMENTS**

IMPORTANT PLEASE NOTE

Non-resident aliens are taxed differently. Please provide information on type of visa and country of origin and a copy of I-9 form.