



EMPLOYEE MASTER FILE FORM

EMPLOYEE CHANGE (effective date)____/____/____

COMPANY NAME _____

EMPLOYEE NAME _____ DIVISION _____ DEPT _____
first Initial last

EMPLOYEE STATUS... RE-HIRE INACTIVE TERMINATE NEW HIRE DATE: ____/____/____

ADDRESS _____
Street and no. City State Zip Code State works In

Mandatory Information: SSN# ____ - ____ - ____ D.O.B. ____/____/____ SEX M / F

(Optional Information): TEL# _____ ETHNIC CODE _____ EEOC CODE _____ W/C CODE _____

HOURLY RATE	SALARY
Rate 1 _____	\$ Per Pay Period _____
Rate 2 _____	
Rate 3 _____	O/T Paid? Y / N
MARITAL STATUS:	
Single	Married Married, w/h at single rate
WITHHOLDINGS	
#. of allowances: Federal _____	State _____
Extra w/h amount? Federal _____	State _____
Exempt Status: Federal _____	State _____
STATE EMPLOYEE LIVES IN: _____	
STATE EMPLOYEE WORKS IN: _____	
1099 EMPLOYEE? FID _____ SSN _____	
VISA EMPLOYEE? Type _____ Country _____	

DEDUCTIONS		
Description	Amount Per Pay Period	\$Goal?
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
COMMENTS		
<i>IMPORTANT PLEASE NOTE</i>		
Non-resident aliens need to be taxed differently. Please provide information on type of visa and country of origin copy of I-9 form.		