



EMPLOYEE SET-UP

COMPANY _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

SOC. SEC# _____ EMAIL _____

BIRTH DATE _____ HIRE DATE _____

EMPLOYEE ID # _____ TIME CARD # _____

SEX (circle) N/A MALE FEMALE STATUS (circle) SINGLE MARRIED

- ADMIN / HR DEPARTMENT -

W-4 DEDUCTIONS _____ \$ ADDITIONAL WITHHOLDING _____ BOX 7 EXEMPT (CIRCLE) YES NO

HOURLY RATE _____ SALARY RATE _____ FULL TIME (CIRCLE) YES NO

DIVISION _____ BRANCH _____ DEPT _____

I hereby certify that the above information is verified and correct. I am authorized to provide this information and Unity HR is authorized to process payroll based on the information provided.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____