

Employee Profile

Company Name:	Company Number:
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Employee Name: Last, First, Middle Initial

Social Security Number:	Date of Birth:	Hire Date:
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Division:	Location:	Department:
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Employee Address:

City, State, Zip:

Pay Frequency:	Pay Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Pay Rate:
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Pay Rate Notes:

Deductions:	Description	Amount	Percentage
1			
2			
3			
4			
5			

Paid Time Off:	Accrual Type:	Earned:	Taken:	Balance:
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Direct Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Void Check attached	Workers Compensation Classification:
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Federal Withholding Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately	Number of Exemptions:
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State Withholding Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Number of Exemptions:
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