



Employee Data

SECTION 1: TO BE COMPLETED BY THE EMPLOYEE										
Last Name:			First Name:				Middle Initial:			
Street Address:						Home Phone: ()				
City:		State:		Zip:		Work Phone: ()				
Social Security #:		Date of Birth:			Marital Status:			Sex:		
		Mo:	Day:	Yr:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Male			
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Female						
Who to contact in an emergency:			Contact relationship:			Contact Home Phone: ()				
Employee Signature:				Date:		E-Mail Address:				
SECTION 2: TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR										
Client Name:										
Immediate Supervisor:					Supervisor's Phone: ()					
Employee's Job Title:							Job Code, if any:			
Original Hire Date:			Department:				Status:			
Mo:	Day:	Yr:					<input type="checkbox"/> Exempt	<input type="checkbox"/> NonExempt		
Pay Type:		Pay Cycle:		Work Schedule:		Work Type:				
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Full time	<input type="checkbox"/> Regular				<input type="checkbox"/> Temp.	
<input type="checkbox"/> Commission	<input type="checkbox"/> Piece Rate	<input type="checkbox"/> Bi-wkly	<input type="checkbox"/> Semi-Mnthly	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> On-call				
Commission Rate:		Pay Rate:			Other Compensation:		Normal hours per week:			
		\$ per								
Clarification, if required:										
SECTION 3: FOR INTERNAL PEO USE										
WC Class Code:		Benefit Class Code:		EEOC Job Class		FLSA Status		Client ID:		
PEO Hire Date:			PEO Re-Hire Date, if any:			PEO Job Code:				
Mo:	Day:	Yr:	Mo:	Day:	Yr:					
Additional Comments:										