



Employee Set-Up Form

**PO Box 8023
Madison, WI 53708-8023**

**Phone: (608) 826-1100
Toll Free: 1-877-277-2926
Fax: (888) 381-5521**

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NEW EMPLOYEE

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CHANGE EMPLOYEE INFO

Employee Information

Company Name: _____

Employee #: _____ Division #: _____

Department #: _____ Group #: _____

Status: New Hire Active Inactive Terminated Rehire Payment Check
(Circle One)

Pay Frequency: Weekly Bi-weekly Semi-Monthly Monthly
(Circle One)

Employee Name: _____
(First) (Middle) (Last)

Address 1: _____

Address 2: _____

City/State/Zip: _____

Phone #: (____) ____ - ____ Sex: ____ Race: ____ EEOC: ____

Social Security #: _____ - _____ - _____

Job Title: _____ Clock #: _____ W-2 Pension: Y or N

Term Date: ____/____/____ Reason: _____

DOB: ____/____/____ Hire Date: ____/____/____

Compensation: _____ per (circle) Hour Pay Period

Taxes

1099 Subcontractor

Income Tax State _____ Unemployment Tax State _____

Marital Status: Married Single Married, tax as single
(circle one)

Federal Exemptions: _____ State Exemptions: _____

Other Fed. Withholdings:

Flat \$\$\$ _____ Additional \$\$\$ _____ Flat % _____ Additional % _____

Other State Withholdings:

Flat \$\$\$ _____ Additional \$\$\$ _____ Flat % _____ Additional % _____

Deductions

Type	Amount Per Pay	Goal	Pre-Tax	Effective Date
Health Ins			Y N	
Dental			Y N	
401k			Y N	
Other:			Y N	
Other:			Y N	
Other:			Y N	

Accruals

Type	Amount Per Pay	Goal	Effective Date
Vacation	Hrs		
Sick	Hrs		
Holiday	Hrs		
PTO	Hrs		
Other:	Hrs		
Other:	Hrs		