

SourceOne Payroll Services: Employee Profile



New Employee **Employee Change**

Company Name:			
Employee Name (Last, First, Middle):			
SSN:	Date of Birth:	Hire Date:	
Division:	Location:	Dept:	
Address:	City:	State:	Zip Code:

Federal Withholding <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household Allowances Claimed: Alternative Tax %: Additional Amount:	State Withholding <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household Allowances Claimed: Alternative Tax %: Additional Amount:	Pay Type: <input type="checkbox"/> Hourly, Rate: \$ _____ <input type="checkbox"/> Salary, Rate: \$ _____ <input type="checkbox"/> Other: _____ Worker's Comp Code: Worker's Comp Classification:	Pay Notes:
--	--	--	------------

Deduction Name	Pretax	Amount/Percentage Per Payroll	Notes
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Employer Signature for New/Change Employee **Title** **Date**

Direct Deposit: A voided check/bank letter must be faxed or emailed. NO deposit slips or starter checks.

Bank Name:	<input type="checkbox"/> Checking	Account #:	<input type="checkbox"/> % of Net: _____ <input type="checkbox"/> Fixed Amount: _____ <input type="checkbox"/> Remainder of Net
	<input type="checkbox"/> Savings	Routing #:	
Bank Name:	<input type="checkbox"/> Checking	Account #:	<input type="checkbox"/> % of Net: _____ <input type="checkbox"/> Fixed Amount: _____ <input type="checkbox"/> Remainder of Net
	<input type="checkbox"/> Savings	Routing #:	

I hereby authorize my employer (above) to initiate any credit entries and if necessary, debit and adjustment in error to my (our) account listed above. This authority is to remain in full force and effect until employment/payroll processor has received written notification from the employee of its termination in such time and manner as to afford employer/payroll processor a reasonable opportunity to act on it.

Employee Signature for Direct Deposit **Date** **Employee Contact Phone**