

TO BE COMPLETED BY HUMAN RESOURCES, PAYROLL, MANAGER, ETC

Employee Name _____ **Social Security Number** _____

CURRENT EMPLOYMENT INFORMATION

1. Beginning Date of Employment: _____
2. Date First Pay Is To Be/ Was Received: _____
3. Gross Amount of First Pay (Actual Pay or Anticipated): _____
4. Rate of Pay: _____ Per _____ Scheduled Hrs of Work Per Week: _____ Full Time or Part Time

Are any changes expected in rate of pay, hours worked, etc? _____

5. Frequency of Pay: Daily Weekly BiWeekly Twice Monthly Monthly Other: _____
(Please Circle One)
6. Day of Week Pay is Received: _____ Health Insurance Offered: Yes No
(Please Circle One)
7. Position Title: _____

EARNINGS HISTORY FROM: _____ TO: _____

DATE PAY RECD	HRS WORKED	TOTAL GROSS PAY	TIPS, BONUSES, COMMISSIONS, SPECIAL PAY,ETC	CHILD SUPPORT DEDCT

TERMINATED INCOME

1. Date of Termination: _____ Date Last Pay Will Be/Was Received: _____ Gross Amount of Last Pay: _____
2. Will this person receive any vacation/sick pay, retirement, workmans' comp or profit sharing? __Yes__ No Please specify when, how much and type _____
3. Reason for Termination (Fired or Quit, Please Explain) _____

Company/Employer (Please Print)

Employer Address

Signature/Title

Date

Telephone Number

Worker# _____