



Fax #: (203)-281-5490

EMPLOYEE SET UP

Company Number:	Company Name:
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Notes:

Employee Name: Last, First, Middle Initial

Social Security Number:	Date of Birth:	Position Class: FT / PT	Hire Date:
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Division:	Location:	Department:
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Shifts:	Break Rule:	Lunch Rule:	
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Address:

City, State, Zip:

Phone #:	Alternate Phone #:	Email:
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Notes:

Pay Frequency: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	Pay Type: Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Contract (1099) <input type="checkbox"/> Draw (1099) <input type="checkbox"/> Piece Work <input type="checkbox"/>	If Salary: Non Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Track Time for Exempt <input type="checkbox"/>	Pay Rate 1: Pay Rate 2: Pay Rate 3:
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Paid Time Off:	Accrual Type:	Balance:	Earnerd:	Used:
Vacation				
PTO				
Sick				

Deductions:	Description	Amount	Percentage
1			
2			
3			
4			
5			

Direct Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please submit the attached Employee Direct Deposit form)	Workers Compensation Classification:
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Federal Withholding Status:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing At Single Rate	# of Exemptions: (Please refer to Box # 5 on Federal W4 form)
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Additional Withholding Amt:	Fixed Rate:	Amt \$	Percentage %
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State Withholding Status:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing At Single Rate	# of Exemptions: (Please refer to Box # 1 on State W4 form)
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Additional Withholding Amt:	Fixed Rate:	Amt \$	Percentage %
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***CT FILING OPTIONS:** A B C D E F

Exempt from Tax:	Reason:
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