



**Employee Data Sheet**

Company \_\_\_\_\_ # \_\_\_\_\_

New Employee

Change Employee Information

Employee # \_\_\_\_\_ S.S.# \_\_\_\_\_

Name \_\_\_\_\_  
First Middle I. Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Withholding Rate \_\_\_\_\_ State Withholding Rate \_\_\_\_\_ State \_\_\_\_\_

Filing Status \_\_\_\_\_ Filing Status \_\_\_\_\_

# of Allowances \_\_\_\_\_ # of Allowances \_\_\_\_\_

Additional Amount \_\_\_\_\_ Additional Amount \_\_\_\_\_

Salary \_\_\_\_\_ per pay period Hourly Rate \_\_\_\_\_ Overtime Rate \_\_\_\_\_

Other Pay Type \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Hire Date \_\_\_\_\_ Department \_\_\_\_\_ Department # \_\_\_\_\_

Birth Date \_\_\_\_\_ Title \_\_\_\_\_ Status \_\_\_\_\_

EEO Class \_\_\_\_\_ Location \_\_\_\_\_ Last Review Date \_\_\_\_\_

Gender \_\_\_\_\_ Division \_\_\_\_\_ Next Review Date \_\_\_\_\_

Deduction 1 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Deduction 2 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Deduction 3 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Benefit 1 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Benefit 2 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_

Benefit 3 \_\_\_\_\_ Amount \_\_\_\_\_ Note \_\_\_\_\_