



Employee Information Form

Employee Name: _____ <i>(First) (MI) (Last)</i>		
Status: <u>Active</u> <u>Termed</u> <u>LOA</u> <i>(Circle One)</i>	S.S. #: _____ - _____ - _____	
Address: _____ <i>(Street) (City, State) (Zip)</i>		
Date of Birth: ____/____/____	Hire Date: ____/____/____	Termination Date: ____/____/____
Marital Status: <u>M</u> <u>S</u> <u>Exempt</u> <i>(Circle One)</i>		# of Exemptions: _____
STATE W/H # of Dependents: _____	FED W/H # of Dependents: _____	
Salary/Hourly Rate: \$ _____	Dept./Division: _____	
Email Address: _____		

VOIDED CHECK FOR DIRECT DEPOSIT