

ABCO Payroll Services Inc.

Employee new Hire/Change Form

Client # _____ Company Name _____

Employee # _____ (If blank we will assign)

New Hire _____ Re-Hire _____ Employee Change _____

First Name _____ M.I. _____

Last Name _____

Division _____ (If applicable)

Department/Position _____

Address _____ City/State/Zip _____

Home Telephone # _____

Social Security # _____

Male _____ Female _____

Date of Birth _____ Hire Date _____

Hourly Rate _____ OR Salary _____ (Per Pay Period) Exempt from OT? Yes _____ No _____

Normal Hours _____ Full Time _____ Part Time _____

Filing Status:

Single _____ Married _____ # of Allowances _____ Additional Tax to withhold \$ _____