

Section I: General Information

Employee Name: _____ Date Employment Began: _____

First Paycheck Issued: _____ Termination Date (if applicable): _____

If on maternity or medical leave, please provide expected return-to-work date: _____

Employment Type: Employee (Taxes Deducted) Independent Contractor (1099 Employee)

Does the employee work year-round (12 months)? Yes No (# of months): _____

Number of Hours Worked per Week: _____

Hourly Pay Rate: \$_____ OR Annual Salary Amount: \$_____

Does the Employee Receive Tips or Bonuses? Yes (show tips in Section II) No

Frequency of Pay: Weekly Bi-Weekly Semi-Monthly Monthly Other: _____

Employee is Paid by: Payroll/Business Check Personal Check Cash Direct Deposit

Section II: Payroll Record

Use the space below to enter data for the most recent four weeks.

Pay Period	Date of Payment	Hours Worked	Tips (if applicable)	Net Pay

If there were any changes in hours or pay rate for the periods listed above, please explain:

Section III: Employer Information

The information I have provided on this form is true to the best of my knowledge. False information may be subject to prosecution for fraud.

Name of Business: _____ Phone Number: _____

Business Address: _____

Print Name: _____ Title: _____

Signature

Date