Payville USA

New Employee Setup Form

Company Name _____

Client/Co # __ __ __ __ __ - __ __

Contact _____

2/19/2009

IMPORTANT We are unable to set up an employee without a Social Security Number!!!

Social Security Number _____

EE Code_____

Last Name _____

First Name_____ MI_____

Add 1 _____

Add 2 _____

City_____ State _____

ZIP_____ County _____

Primary Phone _____

Date of Birth _____

Gender- ☐ Male ☐ Female

Division (2) _____

Branch (4) _____

Department (6) _____

Team (8) _____

W/C Class _____

Hire Date _____ EE Status _____

Pay Frequency- Weekly Bi-Weekly Semi-Monthly Monthly

Per Pay Period Salary $ _____

Rate 1 _____ Hours or $ to Pay_____ Dept_____

OT Rate 1 _____ Hours or $ to Pay_____ Dept_____

Rate 2 _____ Hours or $ to Pay_____ Dept_____

Rate 3 _____ Hours or $ to Pay_____ Dept_____

Other $ _____ Tips $ _____

Min. Wage Meals _____ Estimated Tips _____

Directly Tipped? Y N Indirectly Tipped? Y N

Medical Ins. Eligible? Y ➔ _____ Date Eligible
N

1099 Person? Y N J-1 Visa Employee? Y N (please fax documentation)

Time Off Accrual? Y N

Ethnicity
- ☐ African American
- ☐ Hispanic
- ☐ Asian
- ☐ N/A
- ☐ American Indian
- ☐ Caucasian
- ☐ Pacific
- ☐ N / A

_____
Email Address

Taxation	State to Withhold (or Local/County)	Single or Married (Circle One)	Exemptions Claimed (Enter Number)	Additional Tax Options (Circle Options)
Federal		S M		Flat or Extra _____ $ or %
State		S M		Flat or Extra _____ $ or %
Local		S M		Flat or Extra _____ $ or %
Disability				
SUI				

Voluntary Scheduled Deductions (Please Specify Deduction Name on the Top Line)					
Deduction Name					
Permanent Rate					
One Time Deduction Amt.					

When completed, please fax this form to Payville USA at 630-368-3900.
If you have any questions, please call *Payville Rep*, at 630-366-2600.