



EMPLOYEE INFORMATION SHEET

Date: _____

New Employee

Employee Change

Employee Name: _____ SSN: _____

Employee Number: _____ Office: _____

Address: _____ Phone: _(____)_____

Position: _____ Hourly: _\$_____

Office: _____ Salary: _\$_____

Hire Date: _____ Number Of Exemptions _____

Termination Date: _____ Married Single

Emergency Contact:

Name: _____

Address: _____ Home Phone: (____)_____

_____ Work Phone: (____)_____

Special Payroll Instructions: _____

Supervisor's Signature: _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							