

Employee Profile

Company Number:				Company Name:						
Notes:										
Employee Nam		st, Mi	iddle Initial							
Social Security Number:				ļ	Date of Birth:			Hire Date:		
Division: Lo			Location:	I	Department:					
Address:					I					
City, State, Zip	:									
Pay Frequency:					Pay Type: Pay Rate:					
Pay Rate Notes	s:									
Deductions:	: Des			Desci	cription		Amount		Percentage	
1										
2										
3										
4										
5										
Paid Time Off: Accrual Type:				/pe:	Earned: Taken:			Balance:		
Direct Deposit:		Yes	🗖 No	Y	Workers Compensation Classificatio	n:				
Federal Withholding Status:					Married Filing Separately		Number of Exemptions:			
State Withholding Status:							Number of Exemptions:			