



The Business Partner That Pays!

EMPLOYEE MAINTENANCE FORM

☐ New Employee ☐ Change of Information

For a new employee, please complete this form in its entirety. Bolded items are required fields. For existing employee changes, Please provide the employee name, employee ID and specific change.

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_
DBA: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ (ID # will be auto-generated for a new entry) SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
Address: \_\_\_\_\_ Apartment/Space #: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Hire Date: \_\_\_\_\_ Rehire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_
Division: \_\_\_\_\_ Branch: \_\_\_\_\_ Department: \_\_\_\_\_
Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_
Status: ☐ Full Time ☐ Part Time ☐ Other \_\_\_\_\_ Pay Frequency: \_\_\_\_\_
Salary (per pay period): \_\_\_\_\_ Standard Hours: \_\_\_\_\_ Workers Comp Code: \_\_\_\_\_
Hourly Rate 1: \_\_\_\_\_ Hourly Rate 2: \_\_\_\_\_ Hourly Rate 3: \_\_\_\_\_
Employee Type: W-2: \_\_\_\_\_ 1099: \_\_\_\_\_

W4 Information

Taxes

Table with 3 columns: Federal Taxes, State Taxes, Local Taxes. Includes rows for Status, # of Exemptions, Add'l Flat Amount or %, Futa Exempt? Y or N, and Other.

Recurring Earnings and Deductions (DO NOT USE for one-time entries)

Table with 7 columns: E/D Code, Description, Amount, Percentage, Target/Goal Amount, Start Date, End Date. Includes an Other row.

If employee has a court ordered wage assignment, please send a copy of the court order with this form. If employee requests Direct Deposit, attach a copy of the completed Direct Deposit Authorization form and copy of voided check.

For OnepayHR Office Use Only

Completed By \_\_\_\_\_

Date \_\_\_\_\_

Audited By \_\_\_\_\_

Date \_\_\_\_\_