

Employee Setup

New Employee Setup **or** Change Form

Client Legal Name

 ConnectPay Client ID # **[If Known]**

Employee Legal Name

Employee Phone #

 Employee ID # **[If Known]**

Employee Information

Form Type [Check One] New Employee **or** Employee Change

 Employee DOB MM/DD/YY

Employee SSN #

 Hire Date MM/DD/YY

First Name

MI

Last Name

Sex

 F M

Address

City

State

Zip

Email

Division

Department

Exemptions

	Code	Filing Status	Exemptions	Tax Amount	Total \$ or %
Federal		<input type="checkbox"/> SGL or <input type="checkbox"/> Married		<input type="checkbox"/> Flat or <input type="checkbox"/> Extra	
State		<input type="checkbox"/> SGL or <input type="checkbox"/> Married		<input type="checkbox"/> Flat or <input type="checkbox"/> Extra	
	City Code	Work State	Other Code [Local]	[Check One tax amount if applicable]	
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Payroll Information

Wage Type [Check One]
 Salary **or** Hourly

 Full Time **or** Part Time

Salary Per Pay Period

 \$

Scheduled Hours

 Hrs.

Hourly Rate 1

 \$

Hourly Rate 2

 \$

Hourly Rate 3

 \$

SOC code

Deductions (health, dental, retirement, etc)

Type	Deduction Name	Start Date <small>MM/DD/YY</small>	Per Pay Period Amount
			\$
			\$
			\$
			\$