



# American Public University System

American Military University  
American Public University



## EMPLOYEE PAYROLL FORM

**CHECK ONLY ONE:**

- NEW EMPLOYEE
- CHANGE OF INFORMATION ON CURRENT EMPLOYEE
- REHIRE OF OLD EMPLOYEE

Date of Hire: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State in Which Employee "Works" \_\_\_\_\_

If Maryland, Which County? \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date