

Employee Profile (Bolded fields are required)

SSN #: _____ **HIRE DATE:** _____ **MARITAL STATUS:** _____ S _____ M
EE CODE: _____ **TERM DATE:** _____ **FEDERAL DEPENDENTS:** _____
LAST NAME: _____ **ADDITIONAL FEDERAL \$** _____ % _____
FIRST NAME: _____ **MI** _____ **PAY FREQ:** _____
ADDRESS 1: _____ **SALARY:** _____ **STANDARD HRS:** _____
ADDRESS 2: _____ **RATE 1:** _____
CITY: _____ **STATE:** _____ **RATE 2:** _____ **ST MARITAL STATUS:** _____ S _____ M
ZIP CODE: _____ **RATE 3:** _____ **STATE DEPENDENTS:** _____
EMPLOYEE EMAIL: _____ **VMR PASSWORD:** _____
PRIMARY PHONE: _____ **POSITION:** _____ **ADDITIONAL STATE \$** _____ % _____
ETHNICITY: _____ **PAY GROUP:** _____ **FOR NY EMPLOYEES:**
DATE OF BIRTH: _____ **WC CODE:** _____ **DEPENDENT BENEFITS AVAILABLE:**
GENDER: _____ M _____ F (check one) **DEPT #:** _____ **IF YES, DATE ELIGIBLE:** _____

FOR INTERNAL USA PAYROLL OFFICE USE:

<u>D/E CODE</u>	<u>DESC.</u>	<u>PER PAY</u>	<u>PYTD</u>	<u>QTD</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

<u>EE TOTALS</u>	<u>PYTD</u>	<u>QTD</u>	<u>SPECIAL INSTRUCTIONS</u>		
SALARY: _____	_____	_____	DIR. DEP. ACCOUNT #: _____	CODE: _____	AMOUNT: _____
REGULAR: _____	_____	_____	_____	_____	_____
CASH TIPS: _____	_____	_____	_____	_____	_____
CREDIT TIPS: _____	_____	_____	_____	_____	_____
TOTAL EARN: _____	_____	_____	_____	_____	_____
OASDI: _____	_____	_____	_____	_____	_____
MEDICARE: _____	_____	_____	_____	_____	_____
FEDERAL: _____	_____	_____	AUTO LABOR DIST: _____	DEPT #: _____	PERCENTAGE: _____
STATE: _____	_____	_____	_____	_____	_____
DBL: _____	_____	_____	_____	_____	_____
NET: _____	_____	_____	_____	_____	_____
HOURS: _____	_____	_____	OVERRIDE FREQUENCY TO: _____		