

Employee Enrollment Form

Company Name: _____ **BCL:** _____

Employee Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Email: _____

Employee Type: Full Time Temporary 1099 Part Time

Employee Status: Active Terminated New Hire Inactive

Pay Type: Check Direct Deposit

Direct Deposit Information(If Applicable):

	\$ or %*	Routing Number (9 digits)	Account Number	Bank Name
<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				
<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				
<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings				

**With fixed dollar amount or percentage, the "remainder" will be deposited into the last account entered.*

Pay Information:

Salary \$ _____ Per Pay Period Hourly Regular Rate: \$ _____ Per Hour
 Overtime Rate: \$ _____ Per Hour Overtime Rate: \$ _____ Per Hour
 Other Rate: \$ _____ Per Hour Other Rate: \$ _____ Per Hour

Additional Hourly Rates:

Name (25 characters max.)	Abbreviation (7 characters max.)	Hourly Rate	Overtime Rate
		\$ _____ Per Hour	\$ _____ Per Hour
		\$ _____ Per Hour	\$ _____ Per Hour
		\$ _____ Per Hour	\$ _____ Per Hour

Federal Tax Information:

Filing Status: Married Single Allowances: _____ Extra Withholding: \$ _____

State Tax Information: Income Tax Filing State: _____ Unemployment Filing State: _____

Filing Status: Married Single Allowances: _____ Extra Withholding: \$ _____
 Head of House Other

Deductions (If Applicable): *Medical, Dental, Simple IRA, 401K, ect.*

Name: _____ \$ _____ Per Pay Period

Name: _____ \$ _____ Per Pay Period

Name: _____ \$ _____ Per Pay Period

Earnings (If Applicable): *Auto Allowance, Fringe Benefit, ect.*

Name: _____ \$ _____ Per Pay Period

Name: _____ \$ _____ Per Pay Period

Name: _____ \$ _____ Per Pay Period