



New Employee/Change Form

Company/Employer _____

Department _____ Title _____

Primary Work Location _____

Name of Employee _____

Email Address _____

Address _____

City _____ State _____ Zip _____

SSN _____ - _____ - _____

U.S. Citizen? Yes No

Work visa? Yes No What Type? _____

****If part-time salary employee,
list normal hours below
_____ per pay hours**

Date of Birth _____ Hire Date _____ Full-Time Part-Time

Hourly Rate \$ _____ per hour Salary \$ _____ per pay period

Additional Recurring Earnings: Type _____ \$ _____ per _____

SOC Code _____ ****REQUIRED FOR ALL EMPLOYEES****

https://www.bls.gov/oes/current/oes_stru.htm

Tax Information (please attach W-4 and applicable state/local tax withholding forms)

Indiana County of Residence as of January 1 of this year _____

Filing Status (check one): Single or Married filing separately Married filing jointly
 Head of Household

Federal Withholding:

The Form W-4 does not allow exemptions. Please utilize the Form W-4 instructions to properly complete the form. Once completed, please provide a copy to AccuPay.

Fixed Amount or Percentage (instead of tables) _____

State Withholding:

Exemptions _____ Extra Amount to withhold in addition to tables _____

Fixed Amount or Percentage (instead of tables) _____



Please return this form to your employer