

EMPLOYEE ENROLLMENT FORM

EMPLOYEE PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____
Print on Checks as: _____ Social Security Number: _____ - _____ - _____
Gender: _____ Date of Birth: _____ - _____ - _____
Address: _____ City: _____
State: _____ Zip Code: _____ Telephone: _____
Cellular: _____ Alt. Phone: _____ Fax: _____
E-mail: _____ Pager: _____
Account No. (Employee ID): _____

PAYROLL AND COMPENSATION INFORMATION

PLEASE CHECK ONE

PAY PERIOD: Weekly Biweekly Semimonthly Monthly Quarterly Yearly

PLEASE CHECK ONE

Hourly Rate Annual Salary _____ Hire Date: _____
Amount

PAY PERIOD SUMMARY INFORMATION

YEAR TO DATE

FROM: _____ TO: _____
ITEM NAME: _____ PERIOD AMOUNT: _____ HOURS FOR PERIOD: _____
Federal Withholdings: _____ Social Security Company: _____
Social Security Employee: _____ Medicare Company: _____
Medicare Employee: _____ Federal Unemployment: _____
CA-Disability Employee: _____ CA-Unemployment Company: _____
CA-Employment Training Tax _____ Other: _____

SICK & VACATION TIME

SICK: Hours Available as of _____ Date _____ Hours _____ Hours Used In _____ Present Year

ACCRUAL PERIOD: Beginning of Year Every Paycheck Every Hour on Paycheck

Maximum Number of Hours: _____

VACATION: Hours Available as of _____ Date _____ Hours _____ Hours used in _____ Present Year

ACCRUAL PERIOD: Beginning of Year Every Paycheck Every Hour on Paycheck

Maximum Number of Hours: _____

Payroll Manager Signature: _____

Payroll Manager Name: _____ Date: _____