



NEW HIRE/CHANGE REPORTING FORM

☒ New Hire ☐ Change ☐ Terminated

Company Name: _____ Company Number _____

EMPLOYEE INFORMATION (BOLD items indicate required information)

Social Security #: _____ Branch #: _____
Employee No.: _____ Department #: _____
Last Name: _____ **Current Hire Date:** _____
First Name: _____ Original Hire Date (if returning): _____
Middle Initial: _____ **Termination Date:** _____
Address: _____ **Rate of Pay:** _____ hourly salary
Address 2: _____ Default WC Code: _____
City: _____ Default Job: _____
State: _____ **Zip Code:** _____ **Marital Status (circle one):** M S
County: _____ **Number of Claimed Dependents:** _____
Phone: _____ **Local Tax to Withhold:** _____
Ethnicity: _____ Additional Local/School: _____
Date of Birth: _____ Benefit Accrual: _____
Gender: _____ Benefit Accrual 2: _____

☒ W-2 Employee ☐ 1099 Employee – If blank, employee will be set up as a W-2 employee

Additional Deductions (please list deductions as amount per pay)

☒ Child Support	Amount: _____/pay	Case # _____
☒ Garnishment	Amount: _____/pay	Order # _____
☒ NABET-CWA Local 41 Member (Please check box if member)	Amount: _____/pay	
☐ _____	Amount: _____/pay	
☐ _____	Amount: _____/pay	
☐ _____	Amount: _____/pay	

Additional Information: _____
