

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information	
Employee Name _____	Birth Date MM____/DD____/YY____ (Birth Date Required)
Email Address _____ (Email for administrative and online paystub access)	Hire Date MM____/DD____/YY____
Phone Number _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
	Enable tSheets time tracking _____

Direct Deposit Information
<input type="checkbox"/> Complete the Authorization of Direct Deposit form?

Tax Information
Please attach or specify the following information for this employee:
<input type="checkbox"/> Attach completed federal Form W-4
<input type="checkbox"/> Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare: _____
<input type="checkbox"/> Specify any local taxes that need to be withheld from this employee's paycheck: _____
Notes:

Pay Information
Which types of pay does this employee receive?
<input type="checkbox"/> Salary \$_____ per _____ <input type="checkbox"/> Overtime Pay <input type="checkbox"/> Clergy Housing (Cash)
<input type="checkbox"/> Double Overtime <input type="checkbox"/> Clergy Housing (In-Kind)
Hourly Rates (up to 8 different)
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Sick Pay <input type="checkbox"/> Bereavement Pay
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Group Term Life Insurance
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Vacation Pay <input type="checkbox"/> S-Corp Owners Health Ins.
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Bonus <input type="checkbox"/> Personal Use of Company Car
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Commission <input type="checkbox"/> Other: _____
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Allowance
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Reimbursement
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Cash Tips
<input type="checkbox"/> \$_____ / hour <input type="checkbox"/> Paycheck Tips

Pay Frequency	Payday details
<input type="checkbox"/> Every Week	Date(s) or day(s) employees paid _____
<input type="checkbox"/> Every Other Week	<i>(for example, the 1st and 15th of the month)</i>
<input type="checkbox"/> Twice a Month	Period Covered _____
<input type="checkbox"/> Every Month	<i>(for example, Paycheck on the 1st covers the 16th to the end of the prior month)</i>
<input type="checkbox"/> Other _____	

Payroll Deductions

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck.

Deduction

\$ Amount or
% of Gross

- Pre-tax medical
- Pre-tax vision
- Pre-tax dental
- Taxable medical
- Taxable vision
- Taxable dental
- 401(k)
- Simple 401(k)

Deduction

\$ Amount or
% of Gross

- 403(b)
- Simple IRA
- SARSEP
- Medical expense FSA
- Dependent care FSA
- Loan Repayment
- Cash Advance
Repayment
- Other _____

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

- Yes If so, attach copies of all garnishment orders
- No

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay

No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

- As a lump sum at the beginning of year
- Each pay period
- Each hour worked

Vacation Pay

No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

- As a lump sum at the beginning of year
- Each pay period
- Each hour worked

Notes