



Fax: (225) 308-7836
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info@payrollhrpros.com

Company Name: _____

Select One: New Hire _____ Re-Hire _____ Changes _____ Term Date _____

First Name: _____ Last Name: _____ MI: _____

Social Security Number: _____ Gender: M or F DOB: ___/___/___

Address: _____ Email: _____

City: _____

State: _____

Zip: _____

Hire Date: ___/___/___ WC Code: _____ ACA Status: FT/PT/Excluded

Division: _____ Department: _____

Hourly Rate: \$_____.____ or Salary per pay period \$_____.____

Federal Tax [W-4]

State Tax [L-4]

Status: Single or Married

Status: Single or Married

Exemptions: _____

Exemptions: _____ Dependents: _____

Occupation Title (SOC Code): _____

PTO: Y or N Accrual Start Date: ___/___/___ Sick: Y or N Accrual Start Date: ___/___/___

For Direct Deposit please attach a Voided Check or Bank Verification Letter for direct deposit.