

This form tells us four vital pieces of information about each employee: (1) Who is the employee (2) Any voluntary deductions? (3) What is his or her earnings history? (4) Do we issue a check? **In the future, the information for Changes and New Hires are entered on the 'STANDARD CHANGE FORM'**

(1) \_\_\_\_\_  
 Employee # Dept # (Cost Center) Hourly Rate (999.99) Salary (each pay period) Marital (M or S) (Fed) Exemptions (State) Rt#2 Cost Ctr Hourly Rate #2 Rt#3 Cost Ctr Hourly Rate #3

\_\_\_\_\_  
 Employee Name (as it will appear on the check issued) Home Address of the employee (W-2 mailing address) City

\_\_\_\_\_  
 State Zip Code WH Tax Pay Social Security Number Date of Birth Date of Hire  
 State Period (999-99-9999) MM-DD-YY MM-DD-YY

\_\_\_\_\_  
 Federal Withholding State Withholding FICA SUI FUI City Auto Sub  
 SPECIAL TAX HANDLING -- Caution - use with care

(2) DEDUCS & BENEFITS Deduction #1  Deduction #2  Deduction #3  Deduction #4  Deduction #5  Deduction #6  Def. Comp. Amount  Flex Comp Amt ="F"  Vacation Hours  Personal Hours   
 '1' in the box=automatic deduction EACH TIME A CHECK IS ISSUED, for manual or monthly deduction, change '1' to '4' (pretax reduction amt) or Balance Due Amt. Due Employee Taken YTD

(3) EARNINGS HISTORY

----- QUARTERLY EARNINGS HISTORY -----

\_\_\_\_\_  
 GROSS PAY FEDERAL WITHHOLDING FICA WITHHOLDING MEDICARE W/H STATE W/H Y N CITY O.P.T. Taken? TIP EARNINGS

----- YEAR TO DATE EARNINGS HISTORY -----

\_\_\_\_\_  
 GROSS PAY FEDERAL WITHHOLDING FICA WITHHOLDING MEDICARE W/H STATE W/H HEAD TAX W/H TIPS/DEF. COMP. FLX COMP DAYCARE AMT

(4) ISSUE CHECK? ENTER: \_\_\_\_\_  
 Regular hours or 'SAL' Overtime hours Other Earnings Code Deduction Amount DED P.P. Special Hours Special Hourly Rate  
 (99.99 for hours) (Enter tips here) code code (999.99 for rate)

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\*PAY PERIOD CODES ARE: Weekly (1), Bi-weekly (2) Semi-monthly (3), and Monthly (4).