



Workforce Management Solutions

New Hire Form

Fax to (631) 435-8777

Company: _____ Worker Status: **W-2** **1099**

Social Security #: _____ Address (Physical): _____
 Last Name: _____ Address 2: _____
 First Name, MI: _____ City, State, Zip: _____

Email Address: _____ Date of Hire: _____


Department (Cost Center): _____ Date Started: _____

Gender: **Male** **Female** Date of Birth: _____

Pay Frequency: **Weekly** **Bi-Weekly** **Semi-Monthly** **Monthly**

Employee Type: **Part Time** **Full Time** **Exempt** **Non Exempt**

Salary **Hourly** \$ _____ **Standard (Fixed) Hours:** _____

<p>Federal Taxation: Single Married</p> <p># of Allowances _____</p> <p>Add'l Withholding _____</p>	 New York State Employees Only: NYC Resident Yes No Yonkers Resident Yes No Does your Employer offer Dependent Health Insurance Benefits Yes No _____
<p>State Taxation: Single Married</p> <p># of Allowances _____</p> <p>Add'l Withholding _____</p> <p>Withholding State _____</p> <p>Unemployment State _____</p>	

Accruals: _____ PTO Days/Hours _____ Sick Days/Hours _____ Vacations Days/Hours • Accruals Start Date: _____

Scheduled Earnings	Percentage/Amt	Scheduled Deductions	Percentage / Amt

I certify that the above information is true and authorize Payroll Dynamics, Inc. to make the changes as indicated above.

Required Signature (Authorized Company Representative) _____

Date _____