Paystubz
PAYROLL • TIMEKEEPING • HR

FAX TO: 605-721-2482
Questions: 605-721-2480
www.paystubz.com

EMPLOYEE MASTER

COMPANY:

New Hire: ☐ Active Employee Change: ☐ Terminated Employee: ☐

Employee: _____
Last Name First Name MI

Address: _____
Street Address

_____
City State Zip

SSN:_____ Hire Date:____/____/____Birth Date:____/____/____Sex: M/F

Division:_____ Location:_____ Dept: _____

Pay Cycle: W / B / S / M Hourly / Salary Salary Per Pay Period: _____

Hourly Rate 1:_____ Rate 2: _____ Rate 3: _____ Rate 4: _____

Tax Deductions	Filing Status -Circle One S or M or HH	# Of Exemptions	Flat $ Amount Or Extra $ or %
Federal:			
State:			

Recurring Earnings:

Description	Amount $	Per Pay Period / Per Month

Recurring Deductions:

Description	Pre / Post	Amount	Per Pay Period / Per Month

Special Instructions: