Employee Information Form

*Company Code _____   Company Name _____

☐NEW   ☐REHIRE   ☐CHANGE   ☐TERMINATE

Employee Information

*Hire/Start Date	_____ / _____ / _____
*Employment Category	☐ Full-time ☐ Part-time
*Social Security Number	
*First Name	Middle Initial
*Last Name	
*Street Address	
*City	*State *Zip
*Date of Birth	_____ / _____ / _____
Gender	☐ Male ☐ Female

Payroll Information

*Pay Type	☐ Hourly ☐ Salary ☐ 1099
*Effective Date	_____ / _____ / _____
*Salary Amount/Hourly Rate	

Department Information

Code	*Department	Rate	Eff. Date

Employee Self Service

Email	
Phone Number	

Termination Information

Date of Termination _____ / _____ / _____

Current Status Code / Reason:

☐ Active	☐ Terminated
☐ Involuntary Layoff	☐ Leave of Absence
☐ Term due to misconduct	☐ Suspended
☐ Voluntary Resignation	☐ FMLA
☐ Term due to transfer	☐ Other/See Notes

Eligible for Rehire   ☐ Yes   ☐ No

Remarks

_____
_____
_____
_____
_____
_____

(*) Required - must be filled out for new hires in order for us to process payroll for the employee

Please fill out one form for each new employee, rehire, any employee changes, and/or any manual check requests.

Abacus Payroll Services requires copies of W4 forms.

We do not require I-9 forms, Social Security Cards or Driver's Licenses.

Please make copies of this blank form for future reporting.