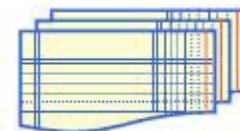


New Hire / Payroll Change Form



HR Ledger, Inc

Client Number*	Client Name*	Check Date

* = Required Data M/S = Filing Status: **Married** / **Single** ** = State Withholding: **Work State** / **Resident State**

Type*: ☐ **Regular Employee** ☐ **Sub Contractor (1099)** ☐ **Agricultural Employee** ☐ **Household Employee**

Emp No	Div No	Dept No*	Soc Sec No *	Pay Frequency *	Rate 1	Rate 2	Rate 3	Salary
First Name*		M I*	Last Name*	Fed M/S*	Fed Dep*	Extra Fed W/H	Fixed Fed W/H	EIC Code
Street Address				State WH **	State M/S **	State Dep **	Extra State W/H **	State for UCI
City		State *	Zip	Hire Date *	Birth Date*		Termination Date	
Gender*	Workers' Comp Code	COBRA Subsidy Amt		Termination Code				
<input type="checkbox"/> Male <input type="checkbox"/> Female								
Status:								
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Leave Of Absence <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary								
Eligible for Accruals*	Notes							
<input type="checkbox"/> Yes <input type="checkbox"/> No								
Eligible for Benefits*	Notes							
<input type="checkbox"/> Yes <input type="checkbox"/> No								

Home Phone	Cell Phone	Work Phone	Work Email	Home Email

EMPLOYEE PAYROLL INPUT FOR THIS PAY PERIOD:	Rate	Dept No	Reg Hrs	O T Hrs	Cd	Pay Hrs	Pay Amt	Cd	Ded Amt	Notes

Email the completed form to payroll.team@hrledger.com
or fax to 530-887-3807.

A fillable form is available on the website @
http://www.hrledger.com/Doc/Employer/PW_NewHire.pdf