



## EMPLOYEE MAINTENANCE FORM

1020 James Dr. Suite O ♦ Hartland, WI 53029 ♦ 262-563-5200 ♦ Fax 262-369-2404  
5202 Eastpark Blvd. Suite 106 ♦ Madison, WI 53718 ♦ 608-249-5886 ♦ Fax 608-249-5967

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

New Employee  Changes

If this is for employee changes, enter the Employee ID#, name and only the information that is changing. For New Employees, items in **BOLD** type are required.

Employee ID#: \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Hire Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_

Division: \_\_\_\_\_ Branch: \_\_\_\_\_ Department: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Status:  Full Time  Part Time  Other \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

Salary per pay period: \_\_\_\_\_ Standard Hours: \_\_\_\_\_ Workers Comp Code: \_\_\_\_\_

Hourly Rate 1: \_\_\_\_\_ Hourly Rate 2: \_\_\_\_\_ Hourly Rate 3: \_\_\_\_\_

**Employee Type:** Regular:  Yes  No 1099:  Yes  No

### Taxes

Federal Taxes		State Taxes		Local Taxes	
<b>Status</b> Single/Married		<b>Withholding State</b>		Locality Name	
<b># of Exemptions</b>		<b>Unemployment State</b>		Status Single/Married	
Add'l Amount or %		<b>Status</b> Single/Married		# of Exemptions	
FUTA Exempt?		<b># of Exemptions</b>		Add'l Amount or %	
FICA Exempt?		Add'l Amount or %			
		U/C Exempt?			

### Recurring Earnings and Deductions (permanent changes only)

E/D Code	Description	Amount	Percent	Target/Goal

If employee has a court ordered wage assignment, send copy of the court order along with this form.  
**If employee requests Direct Deposit, attach a copy of the completed Direct Deposit Authorization and copy of voided check.**