

EMPLOYEE PERSONAL DATA

COMPANY: _____

(NAME) FIRST _____ M _____

LAST _____ SUFFIX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECUIRTY NUMBER _____ - _____ - _____

PHONE(_____) _____ - _____ HOME / CELL

EMAIL _____

BIRTHDAY _____ WORKERS COMP CODE _____

HIRE DATE _____ MISC DATE _____

WAGE - HOURLY RATE _____ OR SALARY _____

MISC/NOTES:

STATUS

CHECK THE BOX			EXEMPTIONS	EXTRA	OTHER
FEDERAL	<input type="checkbox"/>	MARRIED			
	<input type="checkbox"/>	SINGLE			
	<input type="checkbox"/>	HEAD OF HOUSE			

STATE	<input type="checkbox"/>	MARRIED			
	<input type="checkbox"/>	SINGLE			
	<input type="checkbox"/>	HEAD OF HOUSE			

SICK AND/OR VACATION ACCRUAL

ACCRUAL OPTIONS			LIMITS
SICK	<input type="checkbox"/>	1 – 0.033333/HOUR – CALIFORNIA STANDARD	80
	<input type="checkbox"/>	2 – STUFF 40 HOURS AND COUNT DOWN	40
	<input type="checkbox"/>	3 – SICK: _____/HOUR	
	<input type="checkbox"/>	4 – SICK: _____/PER PAY PERIOD	
	<input type="checkbox"/>	5 – STUFF IN _____ HOURS AND COUNT DOWN	N/A

VACATION	<input type="checkbox"/>	1 – VAC: _____/HOUR	
	<input type="checkbox"/>	2 – VAC: _____/PER PAY PERIOD	
	<input type="checkbox"/>	3 – STUFF IN _____ HOURS AND COUNT DOWN	N/A

PTO	<input type="checkbox"/>	1 – PTO: _____/HOUR	
	<input type="checkbox"/>	2 – PTO: _____/PER PAY PERIOD	
	<input type="checkbox"/>	3 – STUFF IN _____ HOURS AND COUNT DOWN	N/A