



NEW HIRE/CHANGE REPORTING FORM

New Hire Change Terminated

Company Name: _____ Company Number _____

EMPLOYEE INFORMATION (BOLD items indicate required information)

Social Security #: _____ Branch #: _____
Employee No.: _____ Department #: _____
Last Name: _____ **Current Hire Date:** _____ F/T or P/T
First Name: _____ Original Hire Date (if returning): _____
Middle Initial: _____ **Termination Date:** _____
Address: _____ **Rate of Pay:** _____ hourly salary
Address 2: _____ **Default WC Code:** _____ (REQUIRED)
City: _____ Default Job: _____
State: _____ **Zip Code:** _____ **Marital Status Federal/State** (circle one): **M S**
County: _____ **Federal Exemptions:** _____
Phone: _____ **State Exemptions:** _____
Ethnicity: _____ **Local Tax to Withhold:** _____
Date of Birth: _____ School District*: _____
Gender: _____ Benefit Accrual 2: _____
E-mail Address (VMR) _____ E-mail Pay Stub (VMR) Y/N? YES _____ NO _____

W-2 Employee 1099 Employee – If blank, employee will be set up as a W-2 employee

Additional Deductions (please list deductions as amount per pay)

<input type="checkbox"/> Child Support	Amount: _____/pay	Case # _____
<input type="checkbox"/> Garnishment	Amount: _____/pay	Order # _____
<input type="checkbox"/> Medical Insurance	Amount: _____/pay	***We need a copy of ALL Court Orders***
<input type="checkbox"/> Dental Insurance	Amount: _____/pay	
<input type="checkbox"/> _____	Amount: _____/pay	
<input type="checkbox"/> _____	Amount: _____/pay	

*You can find your school district by going to:
https://thefinder.tax.ohio.gov/streamlinesalestaxweb/default_schooldistrict.aspx
Under Lookup Tax Rate Choose - Address. Enter your home address and click Lookup (enter your School District Above)

Additional Information: _____