PAYMEISTER

EMPLOYEE MASTER

COMPANY NAME:

New Hire: Active Employee Change: Terminated Employee:

Employee: _____
Last Name First Name MI

Address: _____
Street Address

_____
City State Zip

SSN: _____

Hire Date: ____/____/____ Birth Date:____/____/____Sex: M/F

Location: _____ Department: _____

Hourly/Salary Rate: _____ Circle: Full Time / Part Time

Tax Deductions	Filing Status -Circle One S or M or HH	# Of Exemptions	Flat $ Amount Or Extra $ or %
Federal:			
State:			

Hours: