

W2- Employee New Hire Information Sheet

Employee Personal Information

Employee Name

Email Address

Mobile Phone No.

New Hire Information

Hired Date

Position Hire For

Will this employee be paid by direct deposit?

Pay Informatior

Salary

\$	Per Freq.
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Hourly Wages

\$	Per Hour
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\$	Per Hour
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Additional Pay Compensation Options NOTE:*The FLSA requires **overtime pay** when a "non-exempt" employee works more than 40 **hours** in a workweek.

<input type="checkbox"/>	Overtime Pay*	<input type="checkbox"/>	Cash Tips
<input type="checkbox"/>	Double Overtime	<input type="checkbox"/>	Reimbursement
<input type="checkbox"/>	Sick Pay	<input type="checkbox"/>	Paycheck Tips
<input type="checkbox"/>	Holiday Pay	<input type="checkbox"/>	Clergy Housing
<input type="checkbox"/>	Vacation Pay	<input type="checkbox"/>	Bereavement
<input type="checkbox"/>	Bonus	<input type="checkbox"/>	Group Term Life Ins
<input type="checkbox"/>	Commission	<input type="checkbox"/>	S-Corp Owner Health Ins
<input type="checkbox"/>	Allowance	<input type="checkbox"/>	Personal Use Company Car

Effective Date of Pay

Pay Schedule/Frequency

Date(s) or day(s) employees paid

Period Covered

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

Payroll Deductions

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck.

<input type="checkbox"/>	Pre-Tax Medical	<input type="checkbox"/>	403(b)
<input type="checkbox"/>	Pre-Tax Vision	<input type="checkbox"/>	SARSEP
<input type="checkbox"/>	Pre-Tax Dental	<input type="checkbox"/>	Medical expense FSA
<input type="checkbox"/>	Taxable Medical	<input type="checkbox"/>	Dependent care FSA
<input type="checkbox"/>	Taxable vision	<input type="checkbox"/>	Loan Repayment
<input type="checkbox"/>	Taxable dental	<input type="checkbox"/>	Cash Advance Repayment
<input type="checkbox"/>	401K	<input type="checkbox"/>	Other
<input type="checkbox"/>	Simple 401K	<input type="checkbox"/>	Personal Use Company Car

Paid Time Off (PTO Policy) Sick and Vacation Pay (Optional)

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay

No. of Hours Earned Per Year

Max. hours accrued per year (if any)

Current Balance

How are sick hours accrued?

Vacation Pay

No. of Hours Earned Per Year

Max. hours accrued per year (if any)

Current Balance

How are vacation hours accrued?

Employer Confirmation (Information provided is accurate and complete to the best of my knowledge).

Signature: _____ Date: _____