



Employee Transmittal Form For Payroll

Subsidiary Name: _____

Name: _____ Employee Number _____
Please Print

Address: _____
Street

City State Zip Code County

Date of Birth: _____

Social Security Number: _____ Male: Female:

Position Title: _____

Position Number: _____ Classification: _____

Date of Hire: _____

Rate of Pay: _____

Federal Withholding - W4: _____ State Withholding: _____

Rehire: Yes: No: Retain Seniority: Yes: No:

Site Number/Name: _____ Pay Code: _____

Schedule/Hours: _____ Total # weekly hours: _____

Other Changes: