

Change/New Hire Form

Company Name: _____ Hire Date: _____

Emp #: _____ TYPE: New Employee Re-Hire

CLASS: Full Time Part Time Seasonal

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Township or Borough employee resides in)

County: _____ Municipality: _____

Email: _____ Social Security #: _____ Birth Date: _____

Federal Filing Status: Single or Married Filing Separately Married Head of Household

MUST ALSO INCLUDE COPY OF 2020 W4

Additional Federal Withholding Tax Amount: \$ _____ or _____ %

Pay Rate: \$ _____ Hourly Salary Per Pay

Pay Frequency: Weekly Bi-weekly Semi-monthly Monthly

Dept #: _____ Deduct LST/EMS Tax: Yes No

Perm. Emp. Deductions: 1. _____ \$ _____ 2. _____ \$ _____

3. _____ \$ _____ 4. _____ \$ _____

5. _____ \$ _____ 6. _____ \$ _____

7. _____ \$ _____ 8. _____ \$ _____

Hours to be Paid this Payroll:

Salary _____ Reg. _____ O.T. _____

Spec. _____ Temp. Ded./Earn _____

Additional Comments: _____

All information is required to initialize payroll properly. If you choose to submit your form(s) as an e-mail attachment, please be aware that since e-mail is not secure, it is possible that another party could intercept your email before we receive it. Therefore, we cannot guarantee confidentiality of your information if sent via e-mail.

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DATA SYSTEMS, INC.
COMPREHENSIVE PAYROLL PROCESSING