Employee Information Sheet

Consumer/Employee: _____

Check One

☐ New Hire ☐ Rehire ☐ Other Change: _____

Hire Date: _____ Payroll Start Date: _____

Employee Information

Employee Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Mailing Address *(If different)*: _____

_____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Email: _____

Payroll Information

Position Description/Job Title:_____

☐ Full Time (Equivalent to 30 hours per week) ☐ Part Time

Will the Employee Receive: ☐ CLS Hours $ _____ per hour

☐ Per Diem ☐ Other Compensation: Dollar Amount/Description: _____

Will the Employee Require Training: ☐ Yes ☐ No

Required Training: ☐ CPR ☐ First Aid ☐ Infectious Disease ☐ Bloodborne Pathogens ☐ Recipient Rights

Direct Deposit: ☐ Yes *(If Yes, Employee must complete a Direct Deposit Form)* ☐ No

Tax Information

Federal: ☐ Single ☐ Married No. of Exemptions: _____ Extra Income Tax Withheld: $ _____

State: ☐ Single ☐ Married No. of Exemptions: _____ Extra Income Tax Withheld: $ _____

(Employee MUST complete CURRENT year IRS Form W-4)

As the individual receiving services, or the authorized representative of the individual, I certify that the foregoing information is true, accurate and complete.

_____ _____

Signature **Date**