

Employee/ Subcontractor New Hire Report

Please Print Legibly. All Information is Mandatory. Incomplete Forms Will be Returned

General Info

Company Name _____

Independent Contractor

Employee

First Name of New Hire _____ Middle _____ Last _____

Mailing Address _____

School District _____

City _____ State _____ Zip Code _____

Social Security Number _____

_____/_____/_____
Date of Birth

_____/_____/_____
Date of Hire

\$ _____
Rate of Pay

Federal Withholding Status

Single # _____

Federal Dependents
Claiming

\$ _____

\$ Federal Additional
Withholding

Married

Direct Deposit
(Attach Form)

State Withholding Status

Single # _____

State Dependents
Claiming

\$ _____

\$ State Additional
Withholding

Married

Payroll Debit Card
(Attach Form)

Miscellaneous Deduction \$ Amounts Per Check

\$ _____ Health Insurance Pretax?

\$ _____ Flex Spnd Acct Pretax?

\$ _____ Supplemental Insurance Pretax?

\$ _____ Retirement Pretax?

\$ _____ Child Support (Attach Order)

\$ _____ Loans

\$ _____ Union Dues

\$ _____ Garnishments (Attach Order)

\$ _____ Reimbursements

\$ _____ Other