

Employee Information

Configuration and Authorization



Company No. _____ Company Name _____

New Employee or Employee Changes (circle one)	
Last Name	
First Name	
Middle Name or Initial	
Address	
Zip Code	
City	State
Social Security Number	
Gender (circle One) M or F	
Birthdate (MM/DD/YYYY)	
Hire Date	Term Date
Fulltime or Part-time: RFT or RPT (circle one)	
Department No. or Name	Location
Hourly Rate or Salary Per Pay Period	Pay Frequency (circle one) Weekly Bi-Weekly Semi-Monthly Monthly
Independent Contractor/1099: Y or N	
Federal Exemptions (please circle one) M or S Exemptions Claiming _____	
Additional Federal Withholding (if any) _____	
If Applicable: State Withholding % _____ State Withholding Exemptions/Status _____	
Additional State Withholding (if any) _____	
Restaurants: Directly or Indirectly Tipped (circle one)	

*Our organization does not recommend **emailing** this form. Fastpay Payroll Services accepts no liability for transmission of confidential data via email. Email transmission cannot be guaranteed to be secure or error-free, as information could be intercepted, corrupted, lost, destroyed, or contain viruses.*

Employee Setup & Maintenance Form