

BALANCE POINT

The Next Level of Payroll Solutions

New Hire / Employee Change Form

Client Name: _____ Client Number: _____

Social Security: _____ Employee Number: _____ Department Number: _____

Name: _____ Salary: _____

Address: _____ Hourly Rate: _____

Address 2: _____ Marital Status: _____ Exemptions: _____

City/State: _____ Zip _____ Additional WH Amount

Gender: M F Hire Date: _____ Birth Date: _____

State _____ Add'l WH Amount

Notes:

Client Name: _____ Client Number: _____

Social Security: _____ Employee Number: _____ Department Number: _____

Name: _____ Salary: _____

Address: _____ Hourly Rate: _____

Address 2: _____ Marital Status: _____ Exemptions: _____

City/State: _____ Zip _____ Additional WH Amount

Gender: M F Hire Date: _____ Birth Date: _____

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Notes: