

## EMPLOYMENT INFORMATION

**(This form must be completed by a Supervisor and or HR department)**

Employee Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Employer Name (Business): \_\_\_\_\_

**Employer: Please complete table below for month's specified:**

Received/Anticipated Income for Current \_\_\_\_\_, \_\_\_\_\_ and Next \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year) (Month) (Year)

How Often Paid? (Circle One) Weekly Every 2 Weeks Twice a Month Monthly

Pay Period Begin Date	Pay Period End Date	Date(s) Paid	Hours Worked per week	Gross Wages	Hourly Pay Rate	Tips or Commission Received	Health Insurance Withheld	Pretax Deductions Withheld

**New Employment: Employer – Please Complete Questions Below**

Date Began \_\_\_\_\_ Rate of Pay/Hour \_\_\_\_\_ # of Hours/Week \_\_\_\_\_

How Often Paid? (Circle One) Weekly Every 2 Weeks Twice a Month Monthly

Day of the Week Paid? (Circle One) Sun Mon Tues Wed Thurs Fri Sat

Date of First Paycheck \_\_\_\_\_ Hours on First Paycheck \_\_\_\_\_

Gross Amount of First Paycheck \_\_\_\_\_

Gross amount anticipated for this month \_\_\_\_\_

Gross amount anticipated for next month \_\_\_\_\_

Are Tips/Commission Received? Yes No If so how much? \_\_\_\_\_

**Increase/Decrease in Hours**

Eff. Date of Increase/Decrease of hours: \_\_\_\_\_ # of Hours increased/decreased to: \_\_\_\_\_  
(Circle One) (Circle One)

Date of First Check affected: \_\_\_\_\_ Reason: \_\_\_\_\_  
Example – Decline in business, request of employee, health reasons, etc.

\_\_\_\_\_  
**Signature of Employer/Supervisor Printed Name of Employer/Supervisor Date**

\_\_\_\_\_  
**Signature of Employee Printed Name of Employee Date**

**IF THERE WAS A JOB TERMINATION, PLEASE COMPLETE THE BACK SIDE OF THIS FORM!**

**Job Termination**

Date Job Ended \_\_\_\_\_ Date of Final Paycheck \_\_\_\_\_

Gross Amount of Final Paycheck \$ \_\_\_\_\_

Reason \_\_\_\_\_  
Example – seasonal, temporary, job quit, terminated

If terminated, why? \_\_\_\_\_

Was employee previously warned? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employer/Supervisor      Printed Name of Employer/Supervisor      Date**

\_\_\_\_\_  
**Signature of Employee      Printed Name of Employee      Date**