

NEW EMPLOYEE SET UP

Employee Name:

Address:

Telephone No.

Emp. SS#

Date of Service:

Rate of Pay:

Position:

Employment Status Full Time Part Time

Marital Status: Married Single Married @ single rate

Exemptions

Date of Birth

Required first day of work. Fax to IES Payroll Department @ 830-591-1984

Requested by: Humpherys Horn Ivey Date June 15, 2001

IES Management Authorized _____ Date _____

Payroll Dept. Use Only:

? Employee List

? Invoice

? Payroll Record

Client Name:

Location: