

EMPLOYEE MASTER FILE

EMPLOYEE NAME _____ FACILITY NAME _____ FACILITY NO. _____ DATE _____

EMPLOYEE NO. _____ NEW CHANGE REHIRE TERMINATE

FIRST NAME _____ M LAST NAME _____

ADDRESS 1 _____ (25)

ADDRESS 2 _____ (25)

CITY _____ (23) STATE ZIP CODE -

PHONE NO. _____ SOCIAL SECURITY NO. _____

BIRTH DATE _____ GENDER RACE

HIRE DATE _____ TERM DATE _____ TERM REASON

FACILITY NO. _____ DEPT. _____ SHIFT JOB CODE

STATUS OT EXEMPT VAC/SICK

LEAVE CODE LEAVE DATE _____ RETURN DATE _____

LOCAL CODE STATE ABBR. EIC CODE

FD STATUS FD # EXEMPT FD EXTRA DED. _____ FD EXTRA CODE

ST STATUS ST # EXEMPT ST EXTRA DED. _____ ST EXTRA CODE

NO FD TAX NO FICA TAX NO ST TAX NO LOC TAX

STANDARD HOURS

REGULAR RATE UNIFORM ALLOW

ALTERNATE RATE

DIFFERENTIAL RATE

ADMINISTRATOR SIGNATURE _____ CORPORATE OFFICE _____

