



Peoples Payroll, LLC
Building Partnerships...Driving Success

Employer Information

Client Number:

Client Name:

Employee Information

Employee Name:

Last

First

Middle Initial

Social Security Number:

Marital Status:

Exemptions:

Date of Birth:

Address:

Unit/Apt:

City, State, Zip:

Home Phone:

Cell Phone:

Email:

Emergency Contact:

Phone:

Employee Payroll Information

Original Hire Date:

Re-hire Date:

Division:

Dept:

Job Cost:

Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly

Rate of Pay/Type of Compensation Full Time Part Time

Hourly \$ Shift Pay \$ Other \$

Salary \$ Piece Work \$ Other \$

Daily \$ Commission \$ Other \$

Deductions

Garnishments copy attached : Yes No \$ Health: \$

Child Support copy attached: Yes No \$ Dental/Vision \$ /\$

401(k)/IRA: \$ /\$ Other: \$

Accruals Vacation: Sick: Holiday: Personal:

Workers' Comp WC Code: Job descript:

Notes/Comments

