

Computerized Payroll Solutions, Inc.

Phone: 423.499.5478

Fax 423.499.9092

_____ New Hire
 _____ Change
 _____ Effective Date

Employee Master

Company:	ID#
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SSN:	Hire Date:	Fed Status: S M
EE Code:	GL Code:	Fed Dependents:
Last Name:	Term Date:	EIC:
First Name/MI:	Term Status:	
Address 1:		SIT:
Address 2:	Pay Frequency:	SDI:
City/State:	W BW SM M	SUI:
Zip Code: County:	Salary:(Per Pay Period)	
Phone:	Hrly Rate:	State Status: S M
Ethnicity:	Standard Hrs:	State Dependents:
Birth Date:	Addl Rate 1:	
Gender:	Addl Rate 2:	Addl or Flat Fed amt:
Division:	Addl Rate 3:	Addl or Flat Fed %:
Branch:	Addl Rate 4:	Addl or Flat State amt:
Department:	Status: FT PT	Addl or Flat State %:
Team:	Work Comp Code:	1099 EE: 1099 W2

Scheduled Earnings/Deductions

E/D Code	Description	Calculation Method	Amount	Target Amount	Freq (See Below for detail)	Wk Block
						1 2 3 4 5
						1 2 3 4 5
						1 2 3 4 5
						1 2 3 4 5
						1 2 3 4 5

* If child support, garnishment or bankruptcy, please attach documentation

** Every pay, every scheduled pay, monthly, closest to 15th closest to 30th

Direct Deposit

N	Y	Please attach Direct Deposit Authorization sheet and voided check.
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