

New Employee/Rehire Employee Information Sheet

Please provide the following information for all new hires or rehired employees. All fields are required.

Company Code:	Company Name	::	
Full Name of Employee:			
Street Address:			
City:		State:	Zip Code:
Social Security Number:			-
Status: Full Time: Part Time: Date of Hire: Date of Birth:			ate of Birth:
Department (if not applicable	write N/A):		
Location (if not applicable write	te N/A):		
Pay: Hourly: Salary:	Other:	Rate:	per
SOC Code (required for ALL employees): Job Title: Find SOC code at www.hoosierdata.in.gov/coder			
Additional Information:			
When submitting new hire or re	ehire paperwork to Certifi	ied Payroll Associates, p	please include the following forms:
New Employee/Rehire Information Sheet			
Current year Form W-4			
Indiana Form WH-4 (or other state equivalent)			
Employee Direct Deposit Enrollment Form			