

Employee Reporting Form

Company Code: _____ _____ New Hire _____ Re-Hire (previous employee # _____) Change _____

Employee Information:

Department Number: _____

Employee Name: _____

Rate of Pay:

Hourly _____

Salary _____

Social Security Number: _____

Married or **S**ingle: _____ # of Exemptions: _____

Date of Birth: _____

Date of Hire: _____

Street Address: _____

City, State & Zip: _____

Telephone #: _____

Payroll Schedule: Bi-Weekly _____

Pay this time: Hours: _____

Monthly _____

Salary this time: _____

Direct Deposit Enrollment:

Date: _____

Employee Signature: _____

Employee may choose multiple accounts:

1) Bank Name/City/State: _____

Chkg ___ Svgs ___ Acct. # _____

Deposit amt _____ or Entire net amt _____

2) Bank Name/City/State: _____

Chkg ___ Svgs ___ Acct. # _____

Deposit amt _____ or Remaining net _____

If the employee requests a flat tax rate or extra withholdings, call the NHC office at Sigma Kappa NHQ, 317-872-3275.

If the employee lives and works in two different states, call the NHC office at Sigma Kappa NHQ, 317-872-3275.
