



South Florida Payroll Services, Inc.

EMPLOYEE SETUP/CHANGE FORM COMPANY NAME

EMPLOYEE NAME _____

ADDRESS _____

SOCIAL SEC# _____

HIRE DATE _____

SEP. DATE _____

JOB TITLE _____

HOURLY EE **SALARY NON-EXEMPT** **SALARY EXEMPT** **COMMISION ONLY** **IND. CONT.**

PAY RATE _____

PER HOUR **SALARY** **ANNUAL** **PER PAY PERIOD**

FULL TIME OR PART TIME _____

FEDERAL FILING STATUS _____

SINGLE/ MARRIED/ HEAD OF HOUSEHOLD

OF FEDERAL EXEMPTIONS CLAIMED _____

HOME DIVISION _____

HOME LOCATION _____

HOME DEPARTMENT _____

TAX STATE _____

EE DEDUCTIONS _____

EE TIME CARD # _____

OTHER INFORMATION _____

PLEASE FAX ONLY THIS COMPLETED FORM TO (954).455.6935 FOR ALL NEW HIRES.