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12585 SW 68th Ave. Tigard, OR 97233 (fax: 503-601-0390 or e-mail)

*Employee form*

*(Please circle:* ***New employee*** *or Information* ***Changes for current EEs****)*

**Company Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number Date of Hire Date of Birth Email Address

\_ Male

\_ Female

Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_ WC Risk Code:\_\_\_\_\_\_\_\_\_\_ VAC/PTO rate:\_\_\_\_\_\_\_(YR /MO /PR)

**Pay Info** (select type and *Wage per hour* OR Salary per period)

\_ Hourly Wage:$ \_\_\_\_\_

\_ Salary – exempt $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ Salary – non-exempt $\_\_\_\_\_\_\_\_\_\_\_\_

\_ Commission \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ Hourly Rate \_\_\_\_\_\_\_\_\_\_\_\_

\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deductions/Benefits**

Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pre-tax\_\_After-Tax\_\_\_

Dental \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pre-tax\_\_After-Tax\_\_\_

Retirement Plans:

401(k): Employee Flat or % \_\_\_\_ Employer Match %:\_\_\_\_

Simple IRA: Employee Flat or % \_\_\_\_ Employer Match %:\_\_\_\_

Other Plans\_\_\_

Garnishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_