



EMPLOYEE INFORMATION SHEET

Need help? Call us at (804) 716-2369.

When complete, email to payroll@checkright.net.

Complete this form for each employee. Starred fields indicate required information.

Company Name* _____

General Information:

Employee ID No.* _____ <i>If left blank, Checkright will assign ID</i>	Birthdate* MM____/ DD____/ YY ____
Employee Name* _____	Hire Date* MM____/ DD____/ YY ____
Employee Address* _____	SSN* _____
City, State, Zip code* _____	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address* _____	Department _____
Circle One*: Full-time Part-time	Cell Phone* _____

Direct Deposit Information: Fill in below or attach completed and signed form.

Bank Name _____	<i>Direct Deposit Authorization Forms, from the Checkright website, must be kept in each employee's file for 3 years.</i>
Routing _____	
Account Number _____	
Circle One: Checking Savings	

Tax Information: Fill in below or attach completed and signed W-4 and state withholding forms.

Federal Withholdings (information from the W-4):
 Single Married Do Not Withhold # of Withholdings _____

State Withholdings (information from state form):
 Single Married Do Not Withhold # of Withholdings _____ State _____

W-4, State Withholding and I-9 Forms for each employee must be kept his/her employee file in your office.

Compensation:

How will the employee be paid? Hourly: _____ per hour or Salary: _____ per pay period

Other pay types, Check all that apply: Bonus Commission Vacation/Sick/PTO
 Holiday Other: _____

Vacation Pay:

Eligible for Vacation/Sick/PTO pay? Yes No

Accrued at what rate? _____ Beginning Balance? _____

Deductions:

	\$	or	%	Pretax (check if applicable)
401(k)/Retirement	_____		_____	<input type="checkbox"/>
Health Insurance	_____		_____	<input type="checkbox"/>
Dental Insurance	_____		_____	<input type="checkbox"/>
Garnishments	_____		_____	
Other	_____		_____	<input type="checkbox"/>
Other (2)	_____		_____	<input type="checkbox"/>