

Employee Setup Worksheet

Company Name:
CBIZ Flex-Pay Company ID:
CBIZ Flex-Pay Payroll Specialist:

Check One: New Employee Change to Existing Employee

Basic Information

Required

Legal Last Name _____ Legal First Name _____
 Middle Name or Initial _____ Social Security Number _____
 Address _____

 City _____ State _____ Zip _____
 Gender **F** **M** Birth Date _____ Email _____

Emergency Contact

Optional

Name _____ Phone _____ Phone _____
 Name _____ Phone _____ Phone _____

Department and Status Information

*Required

*Hire Date: _____ *Termination Date: _____ (if applicable)
 Department: _____ *Position: _____ *Employee Type: **Full** or **Part Time**
 *Do they get PTO/VAC/Sick time? _____ *Current balance? _____ *Set up Direct Deposit? _____
 Workers Comp Code _____ (optional)

Pay Rate Information

Required

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Other: _____
 Hourly Rate _____ per hour Addtl Hourly Rate 2 _____ per hour (optional)
 Salary Amount _____ **per payroll** Other Info: _____
DO NOT SEND ANNUAL SALARY

Tax Information

Required

Employee Tax Form **W2** **1099** **NRA (Non Resident Alien)**
 State for Income Tax Withholding _____
 Federal Marital Filing Status _____ Number of Exemptions _____ Additional Withholding _____ \$ %
 State Marital Filing Status _____ Number of Exemptions _____ Additional Withholding _____ \$ %
 Local Tax _____ Local Tax #2 _____ (if applicable)
 (If PA local, PA Residency form must be attached)
 Unemployment State _____ (if different from state w/h) Work State _____ (if different from state w/h)