



325 Wood Road  
Braintree, Massachusetts 02184  
Telephone: 617-298-1000 Facsimile: 781-843-3450

### New Employee Set-Up Form

Company Name: \_\_\_\_\_

Benefits: (Names and Amount)

Employee Name: \_\_\_\_\_

Male  Female

Employee Card Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Time Off Accrual:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax Filing Status:

Single  Married

Exemptions: \_\_\_\_\_

Direct Deposit?

Yes  No

(If yes, direct deposit form is required for set up)

Extra Withholding? Fed: \_\_\_\_\_ State: \_\_\_\_\_

Pay Information:

Pay Group: \_\_\_\_\_

Pay Frequency: \_\_\_\_\_

Wage: \_\_\_\_\_ (For multiple departments, please fill in below:)

Dept# \_\_\_\_\_ Wage: \_\_\_\_\_ / Dept# \_\_\_\_\_ Wage: \_\_\_\_\_ / Dept# \_\_\_\_\_ Wage: \_\_\_\_\_

Time & Attendance:

Breaks: Swipe IN/OUT: \_\_\_\_\_ Auto \_\_\_\_\_ minutes

Rounding Policy: \_\_\_\_\_

If automatic, after how many hours? \_\_\_\_\_

Other Deductions: (Names and dollar amounts or percentages per pay period)

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