NEW HIRE PACKET

PINNACLE
EMPLOYEE SERVICES

A Full Service HR Management Company

Disclaimer: All new hire forms must be filled out completely and entered into payroll within 3 days of a new employee or contractor. If employee or contractor does not supply employer with documents, employee/contractor is unable to be added to client's payroll.

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EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____	Birth Date MM____/DD____/YY____
Address _____	Hire Date MM____/DD____/YY____
City, State, Zip _____	Social Security No. _____
Email Address _____	Gender ☐ Female ☐ Male

Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit ☐ Yes ☐ No If yes, attach completed Authorization of Direct Deposit form

Tax Information

Please attach or specify the following information for this employee:

❑ Attach completed federal Form W-4

❑ Attach completed state withholding form
Only applicable if state income tax and filing status/allowances are different from federal

❑ Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

_____

❑ Specify any local taxes that need to be withheld from this employee's paycheck: _____

Notes:

Pay Information

How often will this employee be paid?

Pay Frequency	**Payday details**
❑ Every Week ❑ Every Other Week ❑ Twice a Month ❑ Every Month ❑ Other_____	Date(s) or day(s) employees paid _____ *(e.g. 1st and 15th of the month)* Period Covered _____ *(e.g. Paycheck on the 1st covers the 16th to the end of the prior month)*

Which types of pay does this employee receive?

❑ Salary _____per _____	❑ Bonus	❑ Clergy Housing (Cash)
❑ Hourly _____per hour	❑ Commission	❑ Clergy Housing (In-Kind)
❑ 2nd hourly rate_____per hour	❑ Double overtime	❑ Bereavement Pay
❑ Overtime Pay	❑ Allowance	❑ Group Term Life Insurance
❑ Sick Pay	❑ Reimbursement	❑ S-Corp Owners Health Ins.
❑ Vacation Pay	❑ Cash Tips	❑ Personal Use of Company Car
❑ Holiday Pay	❑ Paycheck Tips	❑ Other:

Select the voluntary deductions that apply and enter the $ or % amount to be deducted from each paycheck

Deduction	**$ Amount or % of Gross**	**Deduction**	**$ Amount or % of Gross**
❑ Pre-tax medical ❑ Pre-tax vision ❑ Pre-tax dental ❑ Taxable medical ❑ Taxable vision ❑ Taxable dental ❑ 401K ❑ Simple 401K		❑ 403b ❑ Simple IRA ❑ SAR SEP ❑ Medical expense FSA ❑ Dependent care FSA ❑ Loan Repayment ❑ Cash Advance Repayment ❑ Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?
❑ Yes ❑ No If yes, attach copies of all garnishment orders

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay	**Vacation Pay**
No. of Hours Earned Per Year _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued:	Hours are accrued:
☐ As a lump sum at the beginning of year	☐ As a lump sum at the beginning of year
☐ Each pay period	☐ Each pay period
☐ Each hour worked	☐ Each hour worked

Not

Authorization for Direct Deposit

I authorize _____to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____Checking ___ Savings ___

Bank routing number: _____

Amount: $ _____ or entire paycheck: ___

***Balance of pay to**:

_____ Manual (paper check)

_____ Account described below

***Note**: Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.