



COMPREHENSIVE PAYROLL PROCESSING

Phone (610) 495-3008 – Fax (610) 495-5756 E-mail address - operations@expressdatasys.com

Change/New Hire Form

Company name _____

Emp# _____ New emp _____ Rehire _____ Hire date _____

First name _____ Last name _____

Address _____

City _____

State _____ Zip code _____

County _____

*Municipality (Twp or Boro employee resides in) _____

Social Security # _____

Birth date _____

Federal filing status: Single Married or Married, but withhold at higher single rate

Total number of Fwt allowances _____

Additional Fwt amount: \$ or % _____

Hourly rate \$ _____ or Salary \$ _____

Pay Freq: weekly / bi-weekly / semi-monthly / monthly - Circle one

Dept no. _____

Deduct Opt/EMST tax: Yes or No

Perm. Emp. Deductions _____

Hours to be paid this payroll:

Reg. _____ Ovt. _____ Spec. _____ Temp Ded/Earn _____

All information is required to initialize payroll properly. If you choose to submit your form(s) as an e-mail attachment, please be aware that since e-mail is not secure, it is possible that another party could intercept your e-mail before we receive it. Therefore, we cannot guarantee confidentiality of your information if sent via e-mail.