



Frontier

Payroll Management

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Birth Date: MM ___ /DD ___ /YY ___

Hire Date: MM ___ /DD ___ /YY ___

Social Security No.: _____

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

Pay Information

How often will this employee be paid?

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other _____

Payday Details:

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 _____
- Hourly _____ per hour
- 2nd hourly rate _____ per hour
- Overtime Pay
- Sick Pay
- Vacation Pay
- Holiday Pay
- Bonus
- Commission
- Double Overtime
- Allowance
- Reimbursement

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

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

No. of Hours Earned Per Year _____

Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

As a lump sum at the beginning of year Each pay period

Each hour worked

Vacation Pay

No. of Hours Earned Per Year _____

Max. hours accrued per year (if any) _____

Current Balance _____

Hours are accrued:

As a lump sum at the beginning of year Each pay period

Each hour worked

Notes: