



Employee Coversheet

Company Name: _____

Employee ID Number (must be numeric): _____

Employee SSN: _____

(If no SSN, then provide TIN)

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Employee Email: _____

Salary Rate: ☐ Hourly \$ _____ per hour

☐ Salary \$ _____ per year

Filing Status: ☐ Married ☐ Single

Number of Dependents (from form W4): _____

Employment Start Date: _____

Employee Birth Date: _____

Employment Status: ☐ Full Time ☐ Part Time

Direct Deposit: ☐ Yes ☐ No

If Yes, please provide copy of voided check

Division: _____

Department: _____

Workers Compensation Code: _____

Office signature: _____

Date: _____