



877-Get-epay [438-3729]  
www.epay-plus.com

**EMPLOYEE SETUP WORKSHEET**

COMPANY NAME: \_\_\_\_\_

Last Name: \_\_\_\_\_ Clock Number: \_\_\_\_\_

First Name and Initial: \_\_\_\_\_

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

Marital Status [please circle]:    Single       Married       Number of Exemptions: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department/Title/Position:

Fill out the appropriate choice below:

Salary: \_\_\_\_\_ per year

Hourly Rates  
Primary Rate: \_\_\_\_\_

Premium Rate: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_

Last Raise Date: \_\_\_\_\_

For employees that have garnishments please fax copies of the garnishment notice.

For employees who wish to have direct deposit, please include their "Direct Deposit Authorization" form.

FEEL FREE TO CALL OUR OFFICE WITH ANY QUESTIONS OR CONCERNS.

WHEN COMPLETED FOR EACH EMPLOYEE PLEASE FAX TO 949.666.8088.