

PAYROLL STATUS FORM

Date : _____ Start Date : _____

First Name : _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Permanent Address (where you want your W-2 Mailed):

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # : (_____) - _____

Cell Phone # : (_____) _____

Marital Status: _____ Withholding on W-4 _____

Date of Birth : _____ Social Security # : _____

Driver's License #: _____ State: _____

Age : _____ Store Location # : _____

Emergency Contact: _____ Phone #: _____

____ NEW HIRE ____ RATE CHANGE ____ TERMINATION (fired or quit) ____ TRANSFER

POSITION : _____

RATE OF PAY : \$ _____ per YEAR HOUR FLAG HOUR

REMARKS : _____

Corporate Approval

General Manager Approval