

EMPLOYEE PAYROLL INFORMATION SHEET

DEPARTMENT _____

SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

TOWN _____

ZIP CODE _____

MARITAL STATUS _____

NUMBER OF DEPENDENTS _____

SEX _____

DATE OF BIRTH _____

DATE OF EMPLOYMENT _____

WAGE TAX CODE NUMBER (TOWN) _____

BASE RATE _____

EMPLOYEE TIME (HOURLY-PER-DIEM-SALARY) _____

RETIREMENT RATE _____

EXTRA RETIREMENT DEDUCTION _____

UNION NAME _____

UNION DUES BI-WEEKLY AMOUNT _____

UNITED FUND _____

CREDIT UNION ACCOUNT NUMBER _____

CHRISTMAS FUND _____

BOND DEDUCTION _____

MISCELLANEOUS DEDUCTION _____

SICK DAYS _____

VACATION DAYS _____

STENO. CODE _____

NO. FICA CODE _____

EXTRA FEDERAL WITHHOLDING TAX _____

EXTRA STATE TAX _____

NATIONAL RETIREMENT (NRP) _____

OCC/PRIV. TAX CODE _____

HOLIDAYS _____

JOB CLASS NAME _____

STRAIGHT BASE RATE _____

COMPENSATION CODE _____

_____ NEW _____ EMPLOYEE CHANGE

_____ TRANSFER _____ CANCELLATION