

LUZERNE COUNTY EMPLOYEE PAYROLL INFORMATION FORM

Name _____ SS# _____ Date of Hire _____

Job Title _____ Department _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Local Tax Municipal Code _____

Marital Status: Single Married DivorcedNumber of Dependents: _____ **Gender** Male Female

Date of Birth: _____

Annual Salary _____ Hourly Rate _____ Bi-weekly Hours _____

Local Services Tax (Formerly Emergency Services Tax) Paid Current Year? Yes No (Enclose Proof of Payment)

Employees Actual Workplace Municipality Location: _____

Retirement Rate: _____ Union Name: _____

Worker's Compensation Code: (check one)

- 953 (Clerical) 980 (High Risk) 951 (Messenger/Caseworker)
 985 (Police, Corrections, Security) 960 (Nursing)

Accrual Policy Group (2 Digit Numeric Code – 01-99) _____

Pay Rule Group _____

(3 Character Alpha Numeric Code – B01-B62-, C01-C19, I01-I20, M01-M04, PO1, R01-R09, T01-T06)

License Type _____

(1 Digit Numeric Code – 1= Clock, 2+Clock + Web, 3= Manager + Clock + Web, 4 = Manager+Clock, 5=Manager Only)

Manager/Supervisor Assignment _____

(6 Character Alpha Numeric Code – AAA999)

Employee Schedule _____

(Start and Stop Time i.e. 9:00am – 4:30pm, 8:00am-3:30pm, 7:00am-3:00pm, etc.)

Employee Lunch (check one) 30 Minute Lunch 60 Minute Lunch

County Email Address: _____

AUTHORIZATION

Payroll Clerk _____ Date _____