

Employee Data Sheet

EMPLOYEE #
 LAST NAME
 FIRST NAME M.I.
 ADDRESS

SOCIAL SECURITY #
 LOCATION
 DEPARTMENT

WITHHOLDING INFORMATION FEDERAL STATE

FILING STATUS
 NUMBER OF ALLOWANCES
 EXEMPT FROM WITHHOLDING
 FIXED WITHHOLDING OR %
 ADDITIONAL WITHHOLDING
 ADVANCED EIC SINGLE BOTH
 LOCAL TAXES? YES NO
 PENSION PLAN YES NO
 DEFERRED COMP YES NO

HUMAN RESOURCES/EEO INFORMATION

GENDER LAST PAY CHANGE
 POSITION NEXT REVIEW
 RACE BIRTH DATE
 TELEPHONE HIRE DATE
 STATUS TERMINATION DATE

VACATION SICK PAY

ACCRUAL
 TAKEN
 BALANCE
 LIMIT

#	PAY TYPE	AMOUNT	VACATION		SICK PAY		DEPT	JOB	W/C	GOAL
			HOURLY	SALARY	TAXABLE	NON-TAXABLE				