PrimePay
Payroll and Business Services

NEW EMPLOYEE FORM

Please fax completed form to your Payroll Specialist.

Client Information

Client Name		Client #
Effective Date / /	Date Sent to PrimePay / /	

Employee Information

Name (Last, First, Middle)		Social Security Number - -	
Street Address	City	State	Zip Code
Birth Date / /	Hire Date / /	Rehire Date / /	

Marital Status ☐ Single ☐ Married	Gender ☐ Male ☐ Female	# of Exemptions (Federal)	# of Exemptions (State)

Rates and Frequency

Hourly Pay Rates (System will automatically calculate for overtime, use this for separate base rates)

Primary Rate	2nd Rate	3rd Rate
Salary Per Pay	Department #	Department Name

Pay Frequency (please check one)   ☐ Weekly   ☐ Bi-Weekly   ☐ Semi-Monthly   ☐ Monthly

Withholdings

State Tax Code	SUI State	Local Tax
Special Withholding (Provide dollar amount or percentage below) ☐ Additional ☐ Override Applied to: ☐ Federal ☐ State ☐ Local		

Scheduled Deductions (If applicable)

Code	Amount or %	Frequency

Scheduled Earnings (If applicable)

Other Code	Earnings Amount	Frequency

Vacation or Sick Accruals? (If applicable)   ☐ Yes ☐ No   Rate _____   Frequency _____

Special Instructions

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