

Heartland

Employee Setup & Maintenance Form

Employment

Client Name: _____ Client Number: _____

Employee No.	Status	Hire Date	Service Date	Category	
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General

First Name	MI	Last Name	Gender	Social Security No.	Birth Date
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Address Line 1	Address Line 2	City	State	Zip Code
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Email Address	Workers Comp. Code (if applicable)
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Bolded Fields are required for payroll. For the *most accurate information*, complete all applicable fields.

Pay

Pay Group (if applicable)	Pay Frequency	Normal Hours	Payment Method:	<input type="checkbox"/> Live Check	<input type="checkbox"/> Pre-Paid Card
				<input type="checkbox"/> Direct Deposit	

Select One

<input type="checkbox"/> Pay Type: Hourly	<input type="checkbox"/> Pay Type: Salary	<input type="checkbox"/> Pay Type: 1099
<input type="checkbox"/> Regular Rate	<input type="checkbox"/> Gross Salary	
<input type="checkbox"/> Alt. Rate	<input type="checkbox"/> Per Pay <input type="checkbox"/> Annual	<input type="checkbox"/> Pay Type: Other
	Select One	

Federal Income Tax

Filing Status <small>Box 1(c)</small>	Dependents (\$) <small>Box 3</small>	Deductions (\$) <small>Box 4b</small>	<input type="checkbox"/> Block Fed. Withholding IRS Link: W-4 Form
<input type="checkbox"/> Multiple Jobs <small>Box 2</small>	Other Income (\$) <small>Box 4a</small>	Add'l Withholding (\$) <small>Box 4c</small>	Additional Federal Specific Notes

State Income Tax

Work Location <small>(City, State)</small>	State Filing Status <small>(if applicable)</small>	State Exemption/Dependent <small>(if applicable)</small>	<input type="checkbox"/> Address Verification
State Withholding: <small>Only applicable if state income tax and filing status are different from Federal. (If Local Withholding applies, please provide additional details.)</small>	Alternative Amount <small>(% or \$)</small>	Additional State Specific Notes	<input type="checkbox"/> Local Withholding
<small>Disclaimer: Check with your individual state tax agencies for the most current state filing forms.</small>			<input type="checkbox"/> School District Taxes
			<input type="checkbox"/> Block State Withholding

Additional Fields

Health/Medical Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Details/Contribution:	
Retirement Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Details/Contribution:	
Org. & Labor Fields:	Division	Department	
Accrual Plans:	<input type="checkbox"/> Sick Plan Name:	<input type="checkbox"/> PTO Plan Name:	

Direct Deposit: additional form must be completed and submitted separately.

Child Support Orders & Garnishments must have court ordered documents.

Employee Signature	Employee Print Name	Date
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