Rev.02/2013

PAYROLL INFORMATION

Payroll Department: This form must be completed for both new employees or any changes to existing employees, where applicable.

Employee Name	Personnel#
Name Employee Goes By	Address
Name of Company	City
Social Security No	State MS
Date of Birth	Zip Code
Date of Employment	Date of Change

Mail Check to Home Address ◯ ◯ Payment As Direct Deposit

	From	To
Organizational Unit (Department)		
Position Description		
Rate of Pay		
Employment Status		
Reason for the change(s)		
Supervisor' Name		
Manager's Name		
Reports to		
Location		
Worker's Compensation Code		
Ethnic Origin/Gender		
Veteran Status		
Military Status		

Is the employee disabled?	☐ Yes	☐ No	Date of Disability
New Position	☐ Yes	☐ No	(Former EE's Name)
Replacement Position	☐ Yes	☐ No	Replacing
Will employee need computer network access?	☐ Yes	☐ No	
If yes, please provide Network User ID?			
Will employee need an employee E-mail Account?	☐ Yes	☐ No	
If yes, please provide Network User ID			
Will employee be an SAP end User?	☐ Yes	☐ No	
If yes, please provide Network User ID			
Will employee submit requisitions?	☐ Yes	☐ No	
If yes, please provide Network User ID			
Explanation			
Above Authorized By			Date
Above Changes Approved By			Date

Print Form Reset Form