

The Employee Data Sheet is used to notify us of new hires and any changes in employee name, address, pay rate, voluntary deductions, etc.



Please note: If you have questions as to whether an employee is to be classified as “Exempt” or “Non-exempt” please contact our human resources department to discuss. There can be serious consequences imposed on an employer by the Department of Labor for misclassification of employees.

If you have questions about how to complete the form, please call Human Resources or your payroll specialist.

Please send completed Data Sheets to your payroll processor or Human Resources at Profit Advantage.

Profit Advantage a Questco Company

402.592.8334
800.377.6085 Phone

info@profit-advantage.com

Employee Data Sheet

<input type="checkbox"/> New Hire
<input type="checkbox"/> Rehire
<input type="checkbox"/> Change Request
<input type="checkbox"/> Add to: _____
<input type="checkbox"/> Transfer
From: _____ To: _____

Employee Section

Client#	Client Name	Division #	Department #
Employee #	Social Security #	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Date of Birth	Personal Email Address	
Driver's License Number & State	Emergency Contact - Name & Phone Number		

Ethnic Code (For EEOC Reporting Purposes Only)

- | | | |
|---|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic (regardless of race) |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |

FOR STOP DEDUCTIONS ONLY: I hereby authorize you to stop deductions as follows:

Amount: \$ _____ for _____ effective date: _____

***Employee Authorization:** I hereby authorize my employer, their agents and successors to make certain deductions from my paycheck for elective deductions as indicated by a dollar amount below; or debts incurred for property damage, theft, payroll overages or other such situations which may occur in the future. I understand these deductions will continue until written notice is received from me requesting to stop the deduction or the amount owed by me has been satisfied. In the event of my separation, I agree to have the balance of all outstanding deductions to be withheld from my final paycheck. If my final paycheck is not sufficient to cover the balance due, I will pay the remaining amounts within thirty days of my last check date or other terms mutually agreed upon between me and my worksite employer. I authorize my final paycheck to be sent to my last known home address via First Class mail or via normal processes.*



Employee Signature

Date

Worksite Employer Section

Job Title	W/C Code	Work State
Work Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. Full-time <input type="checkbox"/> Temp. Part-time <input type="checkbox"/> Other	
Pay Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	
Pay Type	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt) <input type="checkbox"/> Commission <input type="checkbox"/> Other	
Profit Hire Date	Original Hire Date	Pay Rate (Per Pay Period)
Payroll Change	Effective Date	Old Wage
EEO Class	<input type="checkbox"/> 1-Officials & Managers <input type="checkbox"/> 2-Professionals <input type="checkbox"/> 3-Technicians <input type="checkbox"/> 4-Sales Workers <input type="checkbox"/> 5-Office & Clerical <input type="checkbox"/> 6-Craft Workers <input type="checkbox"/> 7-Operatives <input type="checkbox"/> 8-Laborers <input type="checkbox"/> 9-Service Workers	

Brief Description of Duties: _____

If temporary, estimated length of employment: _____

Deduction Per Pay Period	Medical	Dental	Life	401k	401k Loan (include balance)
Advance	Tools	Phone	Uniforms	Other	Loan (include balance)



Signature of Authorized Person

Date