

# Payroll Control Systems

(circle one)  
**New/Change Employee Form**

For new hires please fill out the **BOLD** fields

043-0040-03M

**Company Name** \_\_\_\_\_ **ID #** \_\_\_\_\_

**EE ID#** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
*(PCS will assign if not given)*

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Federal Withholding:** Married Single **Exemptions** \_\_\_\_\_

**State Withholding:** Married Single **Exemptions** \_\_\_\_\_

**SIT\*** \_\_\_\_\_ **SDI\*** \_\_\_\_\_ **SUI\*** \_\_\_\_\_  
(state income tax) (state disability insurance) (state unemployment insurance)

**\*If other than Minnesota**

**Division** \_\_\_\_\_ **Branch** \_\_\_\_\_ **Department** \_\_\_\_\_

**Hiredate** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Wage per Pay Period \$** \_\_\_\_\_ **Hourly/Salary** **Average Hours** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Comp Code** \_\_\_\_\_

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Time off Accrual Type _____	<b>If applicable</b>	Rate _____
Time off Accrual Type _____		(If other than default rate) Rate _____