



Hire Date _____

Employee # _____

Name _____

Address _____

Home Phone _____

Alternate Phone _____

SSN _____

Date of Birth _____

email _____

Note: Please fax/mail void check for direct deposit payroll

In Case of Emergency Contact:

Name _____

Relation _____

Phone _____

Alternate Phone _____

Name _____

Relation _____

Phone _____

Alternate Phone _____

Office Use

Received:

- _____ Office Key
- _____ Building Key
- _____ Business Cards
- _____ Insurance Papers:
- _____ Medical (Completed)
- _____ Dental (Completed)
- _____ Life (Completed)
- _____ Waivers (if applicable)
- _____ I-9
- _____ W-4
- _____ Check for Direct Deposit

Returned (Removals):

- _____ Office Key
- _____ Building Key
- _____ Business Cards
- _____ Insurance Papers:
- _____ Medical (faxed)
- _____ Dental (faxed)
- _____ Life (faxed)
- _____ Resignation Letter
- _____ Exit Interview
- _____ Sent COBRA Info.
- Y N Advances Paid \$ _____

Date of Termination: _____

Reason for Termination: _____
