McLANE BLATCHFORD CPA FIRM
STRATEGY | ANALYSIS | EXECUTION

Employee New Hire / Change Request Form

Today's Date: _____

Effective Date: _____

Business Name: _____

Employee (full name): _____

Employee Contact Phone #: _____

Employee Email: _____

Employee Social Security Number: _____

Employee Date of Birth: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

- ☐ New Hire
- ☐ Rehire
- ☐ Lay Off
- ☐ Termination
- ☐ Review 90-day
- ☐ Review Annual
- ☐ Information Change

ADDITIONAL EMPLOYEE INFORMATION

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip Code: _____

TAXES

☐ Single ☐ Married ☐ Married, filing separately

Federal # of exemptions _____ Additional Withholding Amount $ _____

State # of exemptions _____ Additional Withholding Amount $ _____

EMPLOYMENT STATUS & COMPENSATION

Employee Type: ☐ Full Time ☐ Part Time ☐ Seasonal

Title: _____ Pay Rate: $ _____ Hourly or Salary

ACCEPTANCE

_____ _____

Employee Signature Date

_____ _____

Manager Signature Date