



P.O. Box 250 Grafton, OH 44044
T 440.926.2333 F 440.926.2334

NEW HIRE/STATUS CHANGE NOTICE

Company Name _____ Date _____

Employee Name: _____

Address: _____
Street City State Zip

Social Security # _____ Dept/WComp Code _____
(if applicable)

Hourly Rate _____ Salary _____

Hire Date: _____ Birth Date: _____ Termination Date: _____

Email (if paperless vouchers): _____

M = Married, S = Single: _____

of Dependents Claimed: Federal _____ State _____

Additional Withholding (\$) Federal _____ State _____

Other Automatic Deductions/Pays: Type _____ Amount _____

Type _____ Amount _____

Type _____ Amount _____

Type _____ Amount _____

Other Applicable Information: (Location, City, Division, Dept, etc.)
