DYATECH

NEW HIRE / CHANGE FORM

Company Name

EMPLOYEE INFORMATION (*Employees name below must match the name listed on their Social Security Card)*

Social Security Number | First Name | MI | Last Name

Address

City | State | Zip Code | + 4

☐ Male ☐ Female
Gender

Ethnicity

☐ Married ☐ Single
Marital Status

Date of Birth

DEPARTMENT AND STATUS INFORMATION

Type of Employee: ☐ W-2 Employee ☐ 1099

Date of Hire / / Department _____ W/C Code _____

Change Effective Date / / Job Title _____

☐ Full Time ☐ Part Time

Termination Date / /

PAY RATE INFORMATION

☐ Hourly ☐ Salaried

Hourly Rate _____ Annual Salary Rate _____

Pay Frequency: ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

TAX INFORMATION

Please attach a copy of the Federal Form W-4 and State Withholding Forms, if applicable.

☐ W-4 Form attached
☐ State Tax Forms attached

PAYROLL DIRECT DEPOSIT

☐ Direct Deposit – Please complete only if the employee elects Direct Deposit
☐ Voided check attached

Type of Account:

☐ Checking: Amount $_____ or _____%

Name of Financial Institution

Routing Number | Account Number

☐ Savings: Amount$_____ or _____%

Name of Financial Institution

Routing Number | Account Number

AUTHORIZED SIGNER USE ONLY

I authorize the above form and acknowledge that the information provided herein is complete and accurate.

_____

Signature of Authorized Signer | Date

Please fax completed form to 601-510-9832 or email form to Payroll@dyatech.com or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157.
Incomplete forms will be discarded after 30 days of receipt if completed form is not received.
For assistance with forms, please contact Payroll Services at 866-651-4222.

9/2011