



Payroll New Hire and Status Change Form – to be completed by employer

Employer/Business name: _____

Employer location (if applicable): _____

Action (mark one): Hire/Rehire Change Transfer Terminate

Employee name: _____

Address: (Write “See W-4 Form” if you are attaching)

Social Security Number: _____ Date of Birth: _____

Telephone number (optional): _____

Effective date of hire/termination/transfer/change: _____

Position description: _____

Hourly Pay Rate: _____ -OR- Salary: _____ per _____

Benefits:

Vacation/Paid Time Off Recurring Expense Reimbursement Other: _____

Recurring deductions:

Insurance Retirement plan Garnishment Other: _____

**Where applicable, please attach supporting documentation

Employer approval signature

Date

Attach the following Employee Completed Forms for each new hire:

- Form W-4 (Employee Withholding Allowance Certificate)
- Form WH-4 (State of Indiana Employee Withholding Allowance Certificate)
- Form I-9 (Employment Eligibility Verification)
- Auto-Debit/Credit Agreement (Direct Deposit authorization) if applicable

Please fax or upload to TMA Payroll at 317.571.1986