



NEW HIRE FORM

Please fill out this form completely and send via Slack or email to:

email: [payroll@p3-payroll.com](mailto:payroll@p3-payroll.com)

COMPANY INFORMATION:

Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_ (Federal Employer ID Number)

EMPLOYEE INFORMATION: \*Please attach form W-4

New or  Rehire Date Started Work \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Pay \$ \_\_\_\_\_ / Hour / Day / Pay Period / Year (circle one)

Yes  No (If yes, please attach direct deposit authorization form) Direct Deposit

Table with 12 empty cells for indicating states where wages are earned.

Indicate state(s) which employee is earning wages in

ACCRUABLE BENEFITS (provide specific instructions for accruable benefits such as sick and vacation days):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVAL:

Approved by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_