Employee Enrollment Form

Date: _____/_____/20_____ **Company Name:** _____ **BCL:**_____
(MM/DD/YY)

Employee Information

First Name: _____ Last Name: _____Date of Birth: _____ / ____ / _____
(MM/DD/YYYY)

Address: _____ Suite/Apt/Unit: _____

City:_____State:_____ Zip: _____

SS#: _____ –_____ –_____ Phone: ( ) _____ –_____ Email: _____

Employee Type: ☐ Full Time ☐ Temporary ☐ 1099 ☐ Part Time

Employee Status: ☐ Active ☐ Terminated ☐ New Hire ☐ Inactive

Pay Type: ☐ Check ☐ Direct Deposit

Direct Deposit Information *(If Applicable)*

	$ or %*	Routing Number (9 digits)	Account Number	Bank Name
Checking ☐ Savings ☐				
Checking ☐ Savings ☐				
Checking ☐ Savings ☐				

**With a fixed-dollar amount or percentage, the "remainder" will be deposited into the last account entered.*

Pay Information

☐ Salary $_____ *Per Pay Period* ☐ Hourly Regular Rate: $_____ *Per Pay Period*

$_____ *Per Year* Overtime Rate: $_____ *Per Pay Period*

Other Rate: $_____ *Per Pay Period*

Federal Tax Information

Filing Status: ☐ Single ☐ Married Allowances:_____ Extra Withholding: $ _____ *Per Pay Period*
(Allowances cannot exceed "10")

State Tax Information Income Tax Filing State: _____ Unemployment Filing State: _____

Filing Status: ☐ Single ☐ Married ☐ Head of Household ☐ Single, No Withholding

Allowances: _____ Extra Withholding: $_____*Per Pay Period*
(Allowances cannot exceed "10")

Deductions *(If Applicable) — Examples: Medical, Dental, HSA, FSA, 401K, Roth, Loan Repayment*

Deduction	*$ or % Per Pay Period*	*Deduction*	*$ or % Per Pay Period*

Earnings *(If Applicable) — Examples: Auto Allowance, Cash Tips, Credit Card Tips, Fringe Benefit*

Earning	*$ or % Per Pay Period*	*Earning*	*$ or % Per Pay Period*