



**PAYTIME EMPLOYEE MAINTENANCE FORM**

**Phone # (440) 349-2641**

**Fax # (440) 349-2538**

**1-800-579-9529**

Co. Name \_\_\_\_\_ Co. ID \_\_\_\_\_

Type of Maintenance: \_\_\_\_\_ Hired  
 \_\_\_\_\_ New Employee \_\_\_\_\_ Terminate Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Change Existing Employee Info \_\_\_\_\_ Laid Off  
 \_\_\_\_\_ Deceased/Disabled

Employee Information:  
 SS Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_-\_\_\_\_  
 Phone Number: ( ) \_\_\_\_-\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Email Address: \_\_\_\_\_ (Required for the use of Employee Self Service)

Pay Frequency:  
 WEEKLY (every week) Home Department Number: \_\_\_\_\_  
 BIWEEKLY (every other week) WC Code: \_\_\_\_\_  
 SEMI-MONTHLY (twice per month) Direct Deposit: \_\_\_ Yes \_\_\_ No  
 MONTHLY (once per month) (If yes, Please complete "Employee Automatic Deposit Authorization" Form)  
 OTHER (explain on back of form)

Employee Type:  
 HOURLY Hourly wage: Rate 1 \$\_\_\_\_./hr Rate 2 \$\_\_\_\_./hr Rate 3 \$\_\_\_\_./hr  
 SALARY Salary per payroll period: \$\_\_\_\_. based on \_\_\_\_ std hours per payroll period.  
 Overtime paid at 1.5 \* Rate ? \_\_\_ YES \_\_\_ NO If no, please explain \_\_\_\_\_

Taxes:  
 Filing Status: Single Married Exemptions Additional \$ or %  
 Federal \_\_\_\_\_  
 State \_\_\_\_\_  
 Employment City: \_\_\_\_\_  
 School District (If applicable): SD Name: \_\_\_\_\_ SD # \_\_\_\_\_

Miscellaneous Deductions: (Other than taxes, i.e. Insurance, Garnishment, etc.)

Deduction Name	\$ OR %	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____