



Evergreen Bookkeeping Solutions

Company Name

Employee Name

Employee New Hire Section

Position	
Supervisor	
Date of Hire	____ / ____ / ____
Salary type (Hourly / Salary)	
Rate of Pay	\$
Length of Employment (FT / PT / Seasonal)	
Other Reimbursements (Mileage / Cell Phone)	
Reimbursement Amount	\$
W-4 Form completed and submitted? (Yes or No)	
I-9 Form completed and submitted? (Yes or No)	
Is the employee using Direct Deposit? (Yes or No) (If Yes, please include Direct Deposit Enrollment Form & Voided check)	

Employee Change Section

Date of Change	____ / ____ / ____
Salary type (Hourly / Salary)	
Rate of Pay	\$
Other Reimbursements (Mileage / Cell Phone)	
Reimbursement Amount	\$

Employee Termination Section

Termination Date	____ / ____ / ____
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Authorized Personnel Signature

Date