



HICKORY WILLOW SWIM ASSOCIATION

EMPLOYEE MAINTENANCE FORM

Payroll Co. # 2728

This is a: New Employee
 Information Change

Date _____ / _____ / _____

Employee SSN _____

Name _____
Last

First

Middle

Address _____

City _____ State _____ Zip _____

Email _____

Primary Phone: Cell Home

Cell Phone (_____) _____ - _____

Home Phone (_____) _____ - _____

Location

Stagg - 29100

Conant - 29200

Dates

Birth _____ / _____ / _____

Hire _____ / _____ / _____

Term _____ / _____ / _____

TO BE COMPLETED BY TEAM ADMINISTRATOR

Status Code

- Active
- Inactive/Seasonal
- Leave of Absence
- Voluntary Resignation
- Release without Prejudice
- Termination with Prejudice

Position Status

- Salary
 - Hourly
 - Temporary/Seasonal
 - Student
- Student may require IDL Work Permit

Pay Rate

Salary _____
(per pay period)

Salary _____
(annual rate)

Stipend _____ per month

Hourly Rate _____

Employee Forms on File

- IRS W4
- DHS I9
- IDL Student Permit
- Permit Expiration Date _____
- State W4
- Direct Deposit Authorization
- Exempt Employee Contract