

# MOSAIC

## Business Services

Phone Number: 805-545-7798

Fax Number: 805-545-7791

### ADD/CHANGE/TERMINATION EMPLOYEE FORM

Company \_\_\_\_\_ Effective Date \_\_\_\_\_

**New Hire**

**Change (type):** \_\_\_\_\_

**Termination**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FT/PT? \_\_\_\_\_ Hourly Pay Rate: \$ \_\_\_\_\_ **OR** Salary Rate: \$ \_\_\_\_\_ per pay period

Department \_\_\_\_\_ Worker's Comp Category: \_\_\_\_\_

#### FEDERAL WITHHOLDING STATUS

Single

Married

Married, but withhold at the higher single rate

Exemptions: \_\_\_\_\_ (from Form W-4, Box 5) Withhold add'l amount? \$ \_\_\_\_\_

#### STATE WITHHOLDING STATUS

Single

Married

Head of Household

Exemptions: \_\_\_\_\_ Withhold add'l amount? \$ \_\_\_\_\_

#### BENEFITS

Vacation/PTO: No Yes Special Instructions: \_\_\_\_\_

Sick Leave: No Yes Special Instructions: \_\_\_\_\_

Other: \_\_\_\_\_

#### DEDUCTIONS

<b>New</b>	<b>Cancel</b>	Type	Amount	Effective Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### OTHER

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

Authorized By: \_\_\_\_\_  
Employer

Date: \_\_\_\_\_