



New Hire/Changes

Company Name: _____

Employee First Name: _____ M.I. _____ Last Name _____

Address: _____

City: _____ State _____ Zip _____

Gender: _____ M _____ F Date of Birth _____ / _____ / _____

Social Security Number: _____

Hire Date: _____

Workers Comp Code: _____

Dept. Code: _____ Base Rate or Salary: _____

Tax Status:

Married

Single

Married Withholding at Single Rate

of Exemptions: _____

of Hours for this pay period: _____

Comments:

Please forward to Fax # 407-998-5568 or poa@poausa.com