

EMPLOYEE INFORMATION

EMPLOYEE SECTION - Please Print

Legal Name and Address			
Last _____	First _____	M.I. _____	() Primary Phone
Address _____			() Alternate Phone
City _____	State _____	Zip _____	Birth date (mm-dd-yy) - -

Highest Education <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> MD, DDS, JD <input type="checkbox"/> Not Indicated	Are You Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number _____ - ____ - ____
Ethnic Group <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			Emergency Contact Information Parent, Spouse, Other (circle) () Primary Phone () Alternate Phone
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No			

Authorization Agreement for Direct Deposits-One account must be checked for "net amount".

The College pays employees by mandatory direct deposit. Payment cannot be made until this form is completed and returned. This agreement shall remain in effect until replaced by a new authorization. Sufficient time must be allowed for initial processing and any subsequent changes. **Please attach either a copy of your personal check or a voided check to this form.**

I hereby authorize my employer to initiate deposits, and if necessary, correcting entries to my account(s) at the financial institution(s) listed below.

(1) Financial Institution _____ **Routing #** _____

Financial Institution Phone # () _____

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings Account # _____	<input type="checkbox"/> Net Amount OR	<input type="checkbox"/> Flat Amount \$ _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings Account # _____	<input type="checkbox"/> Net Amount OR	<input type="checkbox"/> Flat Amount \$ _____

(2) Financial Institution _____ **Routing #** _____

Financial Institution Phone # () _____

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings Account # _____	<input type="checkbox"/> Net Amount OR	<input type="checkbox"/> Flat Amount \$ _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings Account # _____	<input type="checkbox"/> Net Amount OR	<input type="checkbox"/> Flat Amount \$ _____

_____ Employee Signature	_____ Date
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PAYROLL TO COMPLETE	
Employee #:	Pay Group:
Hire Date:	Pay Rate: