EMPLOYEE STATUS REPORT Date_____

Company Name _____

Fax form to:
(847) 526-9778

Contact _____

_____ New Hire _____ Active Employee Change _____Terminate Employee

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SSN:_____

Employee:_____
First Name MI Last Name

Address:_____
Street Address

_____ Department:_____
City State Zip

Birth Date:_____ Sex: _M / F Email Address: _____

Hire Date: _____

Fed & IL W-4 Employee Marital Status: Single / Married
Fed W-4 Number of Exemptions: _____
IL W-4 Number of Exemptions: _____

Salary:_____ Hourly Rate:_____ Hourly Rate 2:_____

Direct Deposit: Yes or No (Attach Employee Agreement and Voided Check)

Special Instructions: