



KEYSTONE PAYROLL FORM NH-C 2001

NEW HIRE FORM

PLEASE PRINT CLEARLY

NAME _____ DATE _____
SSN _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
BIRTH DATE _____ HIRE DATE _____
RATE OF PAY _____ FULL/PART TIME _____
JOB DESCRIPTION/POSITION _____
DIVISION _____ DEPARTMENT _____
WITHHOLDING W4: SINGLE/MARRIED _____ NO. OF DEPENDENTS _____
PAYROLL DEDUCTIONS: 401K _____ BC/BS _____
OTHER _____ OTHER _____
TAX COMPLIANCE: Has employee paid the OPT tax at another job _____
MUNICIPALITY/TOWNSHIP OF RESIDENCE _____
SCHOOL DISTRICT OF RESIDENCE _____

CHANGE FORM

PLEASE PRINT CLEARLY

NAME _____ DATE _____
SSN _____
CHANGE FROM _____ TO _____
CHANGE FROM _____ TO _____
CHANGE FROM _____ TO _____
CHANGE FROM _____ TO _____
CHANGE FROM _____ TO _____
