ALERUS

NEW HIRE/EMPLOYEE CHANGE FORM

Social Security Number Employee ID Employee Name (Last, First, Middle Initial)								
Address (Street, City, State, ZIP) Home Phone	Company Name							
Male Female Fall Time Other Married Fing Part Time Other Married Fing Part Time Other Gall Female Female Female Female	Social Security Number	Employee ID	Employee Name (Last	t, First, Middle	Initial)			
Termination Date Reason Termination Date Termi	Address (Street, City, St	ate, ZIP)			Home Phone	Birthdat	e	Gender
Salary Hourly Rate *Standard Hours (Salaried Employees) *Average Hours (If Applicable)								☐ Male ☐ Femal
Salary Hourly Rate \$ Sosition Status *ACA Status Full Time Part Time Other Department Work Comp Code	lire Date	Termination Date	Reason					
Status	alary or Hourly Rate			*Standa	rd Hours (Salaried E	mployees)	*Averag	e Hours (If Applicable)
Full Time Part Time Other Pull Time Part Time Other		Rate \$						
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Single or Married Filing Separately Married Single Single	repartment			****	rk comp code			
Married Filing Jointly [or qualifying widow(er)]								
Head of Household Claim Dependents: # of child(ren) under 17 x \$2,000			ow/or\1					
Claim Dependents: # of child(ren) under 17 x \$2,000 \$ # of Exemptions Optional Taxes Withheld: \$ State Unemployment Tax – Please List State Local Taxes Additional Information Yes No Please attach completed State Withholding Allowance Certificates (if applicable). RNINGS/DEDUCTIONS CODE AMOUNT START DATE ONE TIME \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			Ow(Ei /]					
State Unemployment Tax – Please List State			7 x \$2,000 \$		# of Exemption	ns		
Cotate Unemployment Tax – Please List State Local Taxes Additional Information Yes No No		Optional Taxes	Withheld: \$					
Please attach completed State Withholding Allowance Certificates (if applicable). RNINGS/DEDUCTIONS CODE AMOUNT START DATE ONE TIME \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	State Unemployment Ta			dditional Infor	mation			
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