

# ALERUS

## NEW HIRE/EMPLOYEE CHANGE FORM

- New Hire  
 Employee Change

Company Name			
Social Security Number	Employee ID	Employee Name (Last, First, Middle Initial)	
Address (Street, City, State, ZIP)		Home Phone	Birthdate <input type="checkbox"/> Male <input type="checkbox"/> Female
Hire Date	Termination Date	Reason	
Salary or Hourly Rate <input type="checkbox"/> Salary <input type="checkbox"/> Hourly Rate \$		*Standard Hours (Salaried Employees)	*Average Hours (If Applicable)
Position Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other		*ACA Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	
Department		Work Comp Code	
Federal Tax <input type="checkbox"/> Single or Married Filing Separately <input type="checkbox"/> Married Filing Jointly [or qualifying widow(er)] <input type="checkbox"/> Head of Household Claim Dependents: # of child(ren) under 17 x \$2,000 \$		**State Tax <input type="checkbox"/> Married <input type="checkbox"/> Single # of Exemptions	
Optional Taxes Withheld: \$			
State Unemployment Tax – Please List State	Local Taxes	Additional Information	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Hours needed for ACA Reporting Purposes.

\*\* Please attach completed State Withholding Allowance Certificates (if applicable).

### EARNINGS/DEDUCTIONS

CODE	AMOUNT	START DATE	ONE TIME
_____	\$ _____	_____	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>

#### ALERUS USE ONLY

- FSS  
 PV  
 DD  
 PN  
 WW  
 HRIS