Employee Information

Metro Payroll

Company Name:

Date:

○ New   ○ Revised

PERSONAL INFORMATION

Employee Name:

Address:

City:

State: Home Phone:

Zip/Postal Code: Cell Phone:

SS Number: Home Email:

JOB INFORMATION

○ **Full-Time**

○ **Part-time**

Employee ID:

○ **Contractor**

Start Date: Supervisor:

Job title: Division:

Salary / Wage: Location:

Salary Type: Department:

Pay Frequency: Work Phone:

First Pay Date: Work Email:

Comments: