Employee Information



Company Name:			
			Phone: 651-264-1933 Fax: 651-264-1931 www.metropayroll.com
Date:		○ New	Revised
PERSONAL INFORMATION			
Employee Name:			
Address:			
City:	Birth Date:		
State:	Home Phone:		
Zip/Postal Code:	Cell Phone:		
SS Number:	Home Email:		
JOB INFORMATION			
JOB II	IFURMATION		Cull Time
Employee ID:			○ Full-Time
Limptoyee 1D.			○ Part-time
			○ Contractor
Start Date:	Supervisor:		
Job title:	Division:		
Salary / Wage:	Location:		
Salary Type:	Department:		
Pay Frequency:	Work Phone:		
First Pay Date:	Work Email:		
Comments:			