

New Hire / Employee Change Form Please Fax To: (717-307-3159) or use PPX portal to add/change employee

Business Name						
New Employ	yee (Fill out <u>all</u> informa	ation)	_ Current Emp	loyee Change (Fill in what applies)	
HUB Set-up:	ESS PTO/Only Clock					
Employee Name: _			S.S.#			
Address:						
*	** Street address requ	iired in addition	to PO Box for P	SD code determ	nination ***	
City —		State _		Zip Code		
Main Dept/Pay Rate	/		2 nd Dept/Pay F	Rate	/	
Date of Hire	Date of B	irth	Email_			
		*** DOE	8 & Email Requir	ed for HUB Activ	vation ***	
Federal Filing Statu	ıs (Circle One):	Step 2 Option	on C: <u>Yes / No</u>	Line 4 (b):	\$	
Single / Married / Head of Household Line 3:				Line 4 (c) : \$		
*** Use Informati	on found on Form W-4		S W-4 to PaySmart	t keep in employ	ree records) ***	
Township	ownship School District			PSD Code(optional)		
*** Town	ship & School district	are required inf	ormation found of in processing d	on certificate of r	residency.	
Withhold LST?	(Y/N	I) (If N, must pro	ovide exemption	form)		
Eligible for time off	benefits (Y/N	1)				
Payroll Deductions	:					
Deduction		Frequenc	cy Sta	rt Date	Balance Due	

Reminders:

- PaySmart is not responsible for omitted or incorrect information contained on this form.
- Please include your business name on the top of this sheet
- **DO NOT** send W-4, I-9 or Certificate of Residency to PaySmart
- Keep W-4 and Certificate of Residency with your employee records
- Keep I-9s together in a separate file, retain for 3 years from hire date or 1 year from termination date whichever is longer