

New Person Check Processing Form
Payroll and Independent Contractors

Person is Employee Independent Contractor

Date of Change: / /

Person's Legal Name:

First Middle Initial Last

Social Security Number: _____

Rate: \$ hourly or annual salary (circle one)

Hire Date: / /

Termination Date: / /

Retirement Plan: \$, to be deducted biweekly (attach remittance instructions)

Phone Number: _____

Address during school year:

Address to mail check to during holidays and summer:
