STEPHENS & COMPANY, INC.
NEW EMPLOYEE / EMPLOYEE CHANGE FORM

EMPLOYER: _____

☐ **New Employee** ☐ **Rehire** ☐ **Change**

First Name: _____ **M/I:** _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ **Birth Date:** _____

Hire Date: _____ **Change Date:** _____ **Term Date:** _____

Employee #: _____ (*optional*) **Sex M/F:** _____ **Department:** _____ (*optional*)

Is Employee Covered by a Qualified Pension Plan? *Yes* _____ *No* _____

Workers' Compensation Code (*optional*) _____

Please circle options below and complete all applicable information

Pay Frequency: *Weekly* *Biweekly* *Semi-Monthly* *Monthly* (*circle one*)

Pay Type: *Salary* *Hourly* (*circle one*)

Rate: *Salary:* _____ *Hourly 1:* _____ (*description*) _____ (rate)

Hourly 2: _____ (*description*) _____ (rate) *Hourly 3:* _____ (*description*) _____ (rate)

Withholding:

	Status (*circle one*)	*Exemptions*	*Additional Amount / Flat Amount*	
Federal	Single Married	_____	_____	_____
State	Single Married	_____	_____	_____

County Code _____ (*if applicable*) *City Code* _____ (*if applicable*)

Miscellaneous Deductions:

Deduction Name / Code	*Amount / %*	*Deduction Name / Code*	*Amount / %*
_____	_____	_____	_____
_____	_____	_____	_____

Leave Accrued Per Pay Period (*optional*)**:**

Vacation Leave _____ *Sick Leave* _____

For internal use only

_____ New Hire Report
_____ Code