



EMPLOYEE PACKET

28 North Franklin Street • Richwood, Ohio 43344

Toll Free: 888-943-2317 | Phone: 740-943-2317 | Fax: 740-943-3563



EMPLOYEE WORKSHEET

----- ALL SECTIONS MUST BE COMPLETED -----

Employer Name: _____

| | | |
|---|--|---|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Employee Change/Re-Hire | <input type="checkbox"/> Termination |
| Employee Status: <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt |

| | |
|--------------------------------|---|
| Employee Name: _____ | <i>(as printed on Social Security Card)</i> |
| Department (Name or #) _____ | Gender: M or F |
| Birth Date: ____ / ____ / ____ | Social Security Number: _____ - _____ - _____ |
| Phone: (____) ____ - _____ | |
| Street Address: _____ | |
| City, State, Zip: _____ | |

Hire/Re-Hire Date: ____ / ____ / ____

Termination Date: ____ / ____ / ____

| | | |
|-----------------------------|---|---------------------------------|
| Pay Information | Pay Cycle | <input type="checkbox"/> Weekly |
| Hourly \$ _____ /Hour | <input type="checkbox"/> Bi-Weekly | |
| Salary \$ _____ /Pay Period | <input type="checkbox"/> Semi-Monthly | |
| | <input type="checkbox"/> Monthly <i>(letter must be signed regarding Ohio revised code)</i> | |

| | | |
|-------------------------------|--|-----------------------|
| Tax/Misc. Withholdings | | |
| <input type="checkbox"/> | Attach completed and signed copy of Federal W4 | |
| <input type="checkbox"/> | Attach completed and signed copy of Ohio IT4 | |
| <input type="checkbox"/> | Earned Income Credit: <i>attach completed copy of IRS form W-5</i> | |
| <input type="checkbox"/> | Retirement Plan _____ % or \$ amt. _____ | Pre-Tax: Y / N |
| <input type="checkbox"/> | Health Insurance _____ \$ amt. _____ | Pre-Tax: Y / N |
| <input type="checkbox"/> | Other _____ | Pre-Tax: Y / N |

*** Please attach Direct Deposit Authorization and copies of garnishments or child support orders if applicable ***

Business Owner Signature: _____ Date: _____



**EMPLOYEE
WORKSHEET (CONTINUED)**

Employer Name: _____

If employee is not an Ohio resident:

What state will employee be working in? _____

Did you attach the tax withholding forms for that state? _____

(forms may be obtained by contacting Richwood Payroll)

Business Owner Signature: _____ **Date:** _____



DIRECT DEPOSIT AUTHORIZATION FORM

Direct Deposit – a great new payday convenience! Now you can have your paycheck automatically deposited in your checking or savings account on payday!

Direct Deposit is safe, convenient and easy. To take advantage of this service, complete the bottom of this form and return it to your employer.

Direct Deposit Authorization Form

Please complete, sign and return for payroll processing.

Name: _____

Employer: _____

Social Security Number: ____ - ____ - _____

Action: **New** **Change** **Cancel**

Name of Financial Institution: _____

Account Number: _____

Routing Number: ____ - ____ - ____ - ____ - ____ (all 9 spaces must be filled)

Type of Account: **Checking** **Savings**

Please attach one of the following for Checking or Savings (check one)

- Voided check with employee name and address imprinted, **NO** starter checks
- Bank letter or specification sheet (signature of your local bank representative **MUST** be included).

No Split Deposits

By signing this agreement, I authorize Richwood Payroll to initiate credit entries to the account indicated above for the purpose of payroll direct deposit. I also authorize Richwood Payroll to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in effect until I have cancelled in writing.

Signature: _____ Date: _____

Please allow up to 2 weeks for direct deposit to take effect due to the pre-note process