

Employee Profile Sheet

Employee ID# _____	Name _____	Phone _____
Status _____	Address _____	SS# _____
Class _____	Address _____	Salary _____
	Address _____	Annual / Hourly _____

Leave Balances:	Per Pay Period	Current Balance
Annual Leave	_____	_____
Sick Leave	_____	_____
Personal Leave	_____	_____

Personnel Data:

Birth Date / /
Hire Date / /
Term Date / /
Last Review / /
Next Review / /
Position _____
Department _____
Workers Comp _____
Site _____
Sex _____

**Direct Deposit
ABA and Account #'s**

Position Change Date / /

Tax Information:

Filing Status: Federal _____ State _____
State Residence _____
Fed Deps _____ Add Fed _____
State Deps _____ Add State _____

Mileage Pay

Deductions:	Amount		Amount
1. Savings # 1	_____	7. Disability	_____
2. Savings # 2	_____	8. Direct Deposit	_____
3. Savings # 3	_____	9. Garnishee	_____
4. NCAF	_____	10. Add IRA / TDA	_____
5. IRA / TDA	_____	11. Ded IRA / TDA	_____
6. Cafeteria Benefits	_____	12. Miscellaneous	_____

Description:

Employee Signature _____ Date / /

Supervisor Signature _____ Date / /

Personnel Director _____ Date / /