



ACCOUNTING & TAX SERVICES

**New Hire / Employee Update Form**

Company Name: \_\_\_\_\_

**To Be Filled Out by EMPLOYEE**

**EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**To Be Filled Out by EMPLOYER**

**EMPLOYMENT INFORMATION: \*\* For updates please include effective date \*\***

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Department: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Employment Type:**

- 90 Day Trial       Permanent       Temporary
- Full Time       Part Time       Seasonal

**Rate of Pay:**

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Hourly: \$ \_\_\_\_\_ per \_\_\_\_\_

Other: \_\_\_\_\_

**BENEFITS:**

**Accruable Benefits (Based on company policy; please provide copy of employee manual or policies):**

Colorado Sick Leave: \_\_\_\_\_

Vacation: \_\_\_\_\_

Personal/PTO: \_\_\_\_\_

Sick Leave: \_\_\_\_\_

**Retirement Policy (Varies by employer; Colorado Secure Savings, 401K, IRA):**

Colorado Secure Savings: \_\_\_\_\_

Other Plan: \_\_\_\_\_

**Other Deductions (Medical, Dental, Garnishment, Uniform, Loans, etc.):**

Type: \_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_