PADGETT
THE SMALL BIZ PROS

EMPLOYEE ADD/CHANGE FORM

CLIENT ID: _____

CLIENT: _____

TYPE: ADD ☐ CHANGE ☐

EMPLOYEE GENERAL INFORMATION

EMPLOYEE CODE:

LAST NAME:

FIRST NAME: M.I.:

STREET:

CITY:

PROVINCE:

POSTAL CODE:

TEL.: **(** **)** **-** | SEX: **M** **F**

BIRTH DATE: (M /D / Y) / /

S.I.N.: - -

FILING STATUS:

FEDERAL TAX CREDIT:

PROVINCIAL TAX CREDIT:

E.I. EXEMPTION: Yes ☐ No ☐

E.I. RATE TYPE: Normal ☐ Reduced ☐

CPP EXEMPTION: Yes ☐ No ☐

WSIB EXEMPT: Yes ☐ No ☐

PROVINCE OF TAXATION:

% VACATION:

DIRECT DEPOSIT INFORMATION

DIRECT DEPOSIT: Yes ☐ No ☐

PRIMARY ACCOUNT:

BANK : BRANCH# ☐☐☐☐☐

ACC. #: __ __ __ __ __ __ __ __ __ __ __ __ __ __

DIRECT DEPOSIT INFORMATION

SECOND ACCOUNT:

BANK : BRANCH# ☐☐☐☐☐

ACC. #: __ __ __ __ __ __ __ __ __ __ __ __ __ __

SECOND DEPOSIT AMOUNT | $

RECURRING WAGE INFORMATION

TYPE: | START DATE:

END DATE:

RATE: **$** **per**

TYPE: | START DATE:

END DATE:

RATE: **$** **per**

RECURRING DEDUCTION INFORMATION

TYPE: | START DATE:

END DATE:

RATE TYPE: $ ☐ % ☐

RATE: **per/of**

TYPE: | START DATE: ☐ ☐

END DATE:

RATE TYPE: $ ☐ % ☐

RATE: **per/of**

OTHER INFORMATION/ NOTES

Department:

Payroll Group:

HIRE DATE: (M/D/Y) / /

FIRST DAY WORKED: (M/D/Y) / /

FORM PP 1020C

AUTHORIZED SIGNATURE:_____

DATE:_____