



KEYSTONE PAYROLL FORM NH-C 2001 Rev C

NEW HIRE FORM

PLEASE PRINT CLEARLY

DATE _____

*NAME _____ *SSN _____

*ADDRESS _____

*CITY _____ *STATE _____ *ZIP _____

*BIRTH DATE _____ *HIRE DATE _____

*RATE OF PAY _____ * FULL/PART TIME _____

POSITION _____ RACE _____

DIVISION _____ DEPARTMENT _____

*WITHHOLDING W4: SINGLE/MARRIED _____ *NO. OF DEPENDENTS _____

PAYROLL DEDUCTIONS: 401K _____ HEALTH INS _____

EMAIL ADDRESS _____ OTHER _____

*TAX COMPLIANCE: Has employee paid the LST tax at another job _____

*MUNICIPALITY/TOWNSHIP OF RESIDENCE _____

*SCHOOL DISTRICT OF RESIDENCE _____

* *Required Fields*

CHANGE FORM

PLEASE PRINT CLEARLY

DATE _____

NAME _____ SSN _____

CHANGE FROM _____ TO _____

CHANGE FROM _____ TO _____

CHANGE FROM _____ TO _____

CHANGE FROM _____ TO _____

CHANGE FROM _____ TO _____