



Employee Information

1454 30th Street, Unit 105
West Des Moines, IA 50266
Phone 515-224-9400 or 800-300-9691
Fax 515-224-9256
www.kabelbiz.com

*Required Information

Company Name (Employer) Ethnic Minorities of Burma Advocacy and Resource Center Today's Date _____

Status* New Employee Employee Change Information

____ Full-Time ____ Part-Time ____ Terminated _____ Effective Date _____ 1099 EIN _____ 1099 SSN

Employee Information

____ Employee Number _____ Division # _____ Department _____

____ Last Name * _____ First Name * _____ Middle Initial _____

____ Address * _____ City * _____

____ Zip Code * _____ Date of Birth * _____ Social Security Number * _____

____ Home Phone _____ Cell Phone _____ Date of Hire * _____ Sex _____ Marital Status _____

____ RefugeeRISE AmeriCorps Member _____
Job Title _____ Supervisor _____ Email Address _____

Payroll Information

____ Hourly Rate * _____ Salary Amount Per pay Period _____ Salary (Annually) * _____ Effective Date _____

____ Other Pay Rate _____ Raise _____ Effective Date of Raise _____

Deductions / Withholding*

Federal Withholding: ____ Married ____ Single ____ Exemptions ____ Additional Amount Fixed Amount / Percentage (Please circle one)

State Withholding: ____ Married ____ Single ____ Exemptions ____ Additional Amount Fixed Amount / Percentage (Please circle One)

Accruals (Check all that apply)

Vacation Sick PTO Carry over Guidelines _____ Vacation _____ Sick _____ PTO

Beginning Amounts: _____ Vacation _____ Sick _____ PTO Accrual Rate: _____ Vacation _____ Sick _____ PTO

Direct Deposit Information*

Primary _____ Checking _____ Savings Percent _____ Fixed Amount _____

Bank Name _____ Routing # _____ Account # _____

