



# Town of Wilkesboro

## New Employee Payroll Form

To add a new employee to payroll please complete all of the information below. The payroll department will not process the request until all information is provided. In addition to the information please have copies of: **Social Security Card, Valid Drivers License, NC-4, W-4, I-9, W-5 if applicable and a cancelled check for direct deposit.**

### Part I - To be filled out by employee

Name (First, Middle Initial, Last) \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone (Optional) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II - To be filled by Hiring Supervisor

Position Title: \_\_\_\_\_ Department \_\_\_\_\_

Full-time Regular \_\_\_\_ Part-time Regular \_\_\_\_ Full-time Salary \_\_\_\_ Part-time Salary \_\_\_\_

Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department # \_\_\_\_\_

Notes: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part III - To be filled by Payroll

Received \_\_\_\_\_ Employee # \_\_\_\_\_ processed by \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

**Attach  
Cancelled  
Check here  
by stapling**