

**DVM**  
**New Employee / Change Form**

Choose one: **New** or **Change**

Today's Date: \_\_\_\_\_ Client #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ EE #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_ Dept: \_\_\_\_\_

Salary per pay period: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Exemptions: \_\_\_\_\_

Extra State Withholding: \_\_\_\_\_ Extra Federal Withholding: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If a new hire, what should we pay this pay period?**

One-time adjustments:

Type: _____	Amount: _____
Type: _____	Amount: _____
Reg Hours: _____	Salary: _____
Overtime: _____	

**Fax to (949) 315-3812 Attn: Joe Manfro**