EMPLOYEE STATUS REPORT Date_____

Company Name			Fax form to: (847) 526-9778		
Contact	Please fill in a	ll fields			
New Hire	Active Employee Change		Terminate Employee		
SSN:					
Employee:First Na		MI		Last N	ame
Address:	Street Address				
	Joh Doo	omintion/D	lomt.		
City State	Job Des	cription/L	ері		
Email address:					
Hire Date:	_ Job Status: Full	Part	Sex:	M	F
Birthdate:					
Fed W-4 Form: attack W-4 Form: attach for (see our website for for	h 2020 Fed W-4 for orm	`	-		forms) IL
Salary/Hourly Rate:_	Salary/Hourly Rate: Hourly Rate 2:				
Direct Deposit: Yes	No (Attach Emp	loyee Agre	ement an	d Void	led Check)
Special Instructions:					