

LAKE WALES CHARTER SCHOOLS NEW EMPLOYEE INFORMATION FOR COLONIAL PRODUCTS

Name of Employer: _____

Name of Employee: _____

Home Address:
City _____

State _____

Zip code _____ Home Phone # _____

Social Security #: _____

Date of Birth: _____ Gender: _____

Date of Hire: _____

Date Eligible for
Benefits: _____

Job Title: _____

Gross Pay per Period
Or Hourly Rate: \$ _____

Marital Status: _____ Federal WH Exemption Status: _____

Existing Payroll
Deductions: _____
Group medical premiums, dental, etc.

Worksite Location: _____

Worksite Phone: _____

Plan Administrator _____ Fax # _____ Phone # _____

Date Faxed: _____ Faxed By: _____

Please fax to Account Coordinator at (813) 792-1467
8021 Gunn Highway
Tampa, FL 33626