



PAYROLL INFORMATION PACKAGE

COMPANY INFORMATION

COMPANY NAME* :

BILLING ADDRESS*:
Street: Suite / Apt #:
City: State: Zip code:

PRIMARY CONTACT/
SIGNATORY*:

PHONE NUMBER*:
 E-MAIL*:

APPROVER FOR
EXPENSES + PTO:

PHONE NUMBER:
 E-MAIL:

CANDIDATE INFORMATION

FULL NAME*:

ADDRESS*:
Street: Suite / Apt #:
City: State: Zip code:

PHONE NUMBER*:
 E-MAIL*:

JOB TITLE*:



PAYROLL INFORMATION PACKAGE

PAYROLL INFORMATION

**EFFECTIVE
START DATE*:**

**JOB
LOCATION*:**

City:	State:	Zip code:
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**BASE
SALARY*:**

**MONTHLY CAR
ALLOWANCE:**

**ADDITIONAL
MONTHLY
ALLOWANCE:**

**MONTHLY
COMPENSATION
FOR 401 K MATCH:**

**COMMISSIONS
AND BONUSES:**

PTO
*(Paid time off)**
(Choose one only):

10 Days

15 Days

20 Days

24 Days

BENEFITS PACKAGE* (Choose one only):

BASIC

GOOD

GREAT

EXCELLENT