

BELMONT COUNTY PAYROLL HISTORY RECORD

NEW EMPLOYEE _____ CHANGE _____ TERMINATION _____ TERM DATE _____
EMPLOYEE NUMBER _____

FUND _____ DEPT _____ EFFECTIVE DATE _____

BUDGETARY ACCT# NUMBER THIS EMPLOYEE IS PAID FROM: _____

(example: E-0010-A001-B01.001)

NAME: _____
Last First M. I. (Jr. Or Sr.)

ADDRESS: _____ Male _____ Female _____

CITY: _____ STATE: _____ ZIP: _____ Martial Status: _____
(Optional)

Social Security #: _____ Date of Birth: _____ Hire Date: _____

Bi-Weekly Gross Salary Per pay: _____ Job Title _____

Hourly Rate: _____ Daily Rate _____ Full Time _____ Part Time _____

Does Employee work? 70 Hrs _____ 80 Hrs _____ Other _____

Is Employee exempt from Vacation or Sick Leave Accumulation? _____ If so, Sick _____ Vacation _____ or Both _____

WITHHOLDINGS:

Federal Withholding Tax: PLEASE FILL OUT CURRENT FORM
Ohio Income Tax: PLEASE FILL OUT CURRENT FORM
Barnesville Income Tax: Yes _____ No _____
Bellaire Income Tax: Yes _____ No _____
Bridgeport Income Tax: Yes _____ No _____
Martins Ferry Income Tax: Yes _____ No _____
St Clairsville Income Tax: Yes _____ No _____

DEDUCTIONS:

FOR NEW ENROLLMENT OR CHANGES, USE THE FOLLOWING CONTACT INFO

Washington National Ins.: 440-655-3064
Ohio Public Deferred Comp: 877-644-6457 CCAO Deferred Comp: 614-560-3941
Softite Credit Union: 740-526-8103
Mutual of Omaha Voluntary Life: (Full time, on Bernie Portal)

RETIREMENT INFORMATION:

Are you a Retiree of OPERS, STRS, or SPRS?: YES _____ NO _____ (If yes Make sure you fill out the Proper form for a Retiree.

Public Employees Retirement System: YES _____ NO _____

State Teachers Retirement System: YES _____ NO _____

Sheriff/Deputy S. P. R. S.: YES _____ NO _____

HOSPITALIZATIONS:

CEBCO Yes _____ Single _____ Family _____ No _____
CEBCO-W/HSA ACT Yes _____ Single _____ Family _____ No _____
WAIVED Yes _____ No _____
EYE Yes _____ Single _____ Family _____ No _____
DENTAL Yes _____ Single _____ Family _____ No _____

Union Dues: Yes _____ No _____ Amount of Union Dues \$ _____

Approved x _____ x _____
Employee Employer