

New Employee Salary Form

Prepared ____/____/____ By _____

Full Name -: _____
First Middle Last

Post: _____

Address: _____

Telephone # : Cell # _____ Home # _____

Work # _____

Sex: (M/F) _____ Status: (S/M/D) _____

Date of Birth: _____ Social Security #: _____

Bank: _____ Bank Account #: _____

Salary: K _____ \$ _____ per month

Head from which payment should be made: _____

Effective date: _____