



Fiscal Agent New Employee Set-up Form

Instructions: 1. Employee completes top half, and Employer/Client completes bottom.
2. Both Employee and Employer/Client sign at the bottom.
NOTE: Employee can work after Employee receives official notification to begin working.

Employee Section

Employee Name (print): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____ - _____ Male Female

Email: _____

Birth Date: ____/____/____ Social Security Number: ____-____-____

Employer/Client Section

Program: _____

Employer/Client Name (print): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____ - _____ Birth Date: ____/____/____

Email: _____

By signing below, you agree that the information on this form is accurate and you have all supporting documentation in your possession.

Employee Signature: _____ Date: _____

Employer/Client Signature: _____ Date: _____