



# Employee Information Form A: Overview

In order to meet the needs of many business owners and entrepreneurs, we must carefully review and evaluate the effectiveness of our programs and collect and report information on the individuals our program assists for our supporters, stakeholders, and funding sources. Information is for secure record keeping and required federal reporting purposes only. Thank you for your assistance.

**Business owners: Please report your business information, and information for all employees, including you.**

Today's Date: \_\_\_\_\_

**Business Information:**

Name of Business: \_\_\_\_\_ Business Start Date: \_\_\_\_\_ DUNS: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Business Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employee/Position Information (Including Owner):**

Position Title	When was this position created? (Month/Year)	Is this a Limited Term Position? (Y/N)	Name of Employee Occupying Position	Hire Date (mm/dd/yy)	Hours per Week	Hourly Pay Rate	Termination Date	Does the Employee Receive:				
								H = Health Care	P = Paid Sick Leave	R = Retirement Benefits	PS = Profit Sharing	C = Commission, Tips, or Draw
								Please Circle All That Apply Below				
Owner								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C
								H	P	R	PS	C

Community:	Area: U / R
Type: C / T / V	<b>For Office Use Only</b>
Census Tract:	