Employee Data Sheet

Today's Date: _____ /_____ /_____

General Information:

Print Full Name: _____ Soc. Sec. No: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

Date of Birth: _____ /_____ /_____ Place of Birth: _____

Professional License Information:

License Type:_____ License Number:_____

Issue Date: _____ /_____ /_____ Issue State:_____ Renewal Date_____ /_____ /_____

Emergency Contact Information:

Emergency Contact (Name):_____ Relation:_____

Address: _____

Phone Number: _____ Work Phone Number:_____

Vehicle Information:

1. _____ _____ _____ _____ _____
   Year Make Model Color License Plate #

2. _____ _____ _____ _____ _____
   Year Make Model Color License Plate #

NOTE:
It is the responsibility of the employee to notify the employer of any changes on this form. This form will be updated annually.

Gulf Coast Medical Center

PAYCHEX

Direct Deposit Enrollment/Change Form

Employee Name_____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – *PLEASE PRINT IN BLACK/BLUE INK ONLY*

Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
☐ Checking ☐ Savings				☐ _____ % of Net ☐ Specific Dollar Amount $ _____ ☐ Remainder of Net Pay
☐ Checking ☐ Savings				☐ _____ % of Net ☐ Specific Dollar Amount $ _____ ☐ Remainder of Net Pay

One of the following is required to process this enrollment (check one):

☐ Voided check with name imprinted (no starter checks)

☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

☐ Bank letter or specification sheet (the signature of your local bank representative MUST be included)

☐ Other Bank Documentation – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature:_____ **Date** _____

***Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.**

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – *PLEASE PRINT IN BLACK/BLUE INK ONLY*

Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			☐ From _____% to____% of Net ☐ From $ _____.00 To $_____.00 ☐ Remainder of Net Pay
			☐ From _____% to____% of Net ☐ From $ _____.00 To $_____.00 ☐ Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee/Worker Signature _____ **Date** _____

Note: Digital or Electronic Signatures are **not** acceptable.

Applicant Consent for Drug Testing

I, _____(applicant name), do hereby agree to submit to testing for detection of drugs and alcohol to be performed by (laboratory name/address):

GULF COAST MEDICAL CENTER

☐ 11528 U.S. Hwy 19, Port Richey, FL 34668

☐ 9238 U.S. Hwy 19, Port Richey, FL 34668

I give permission for test results to be released to **GULF COAST MEDICAL CENTER**.

I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for or contracted term of employment, withdrawal of any provisional employment or contract offer I have received from **GULF COAST MEDICAL CENTER** or termination of employment or contract, depending on when results are received.

_____

(Applicant Signature)

_____

(Date)

_____

(Witness Signature)

_____

(Date)