

FARM SERVICE COOP  
GENERAL OFFICE  
HARLAN, IOWA 51537

PAYROLL AUTHORIZATION

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street or Route City State Zip

BIRTHDATE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

RATE: NEW EMPLOYEE \_\_\_\_\_ PER

CURRENT EMPLOYEE CHANGE FROM \_\_\_\_\_ PER \_\_\_\_\_

TO \_\_\_\_\_ PER \_\_\_\_\_

STATUS: PROBATIONARY\_ PART TIME\_ FULL TIME\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

SUPERVISOR'S NOTES REGARDING PAYROLL ADJUSTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOR GENERAL OFFICE USE ONLY

Application Received

Physical Exam Received

Health insurance

W-4 Form Received

Effective \_\_\_\_\_  
(date)