

# FULL-TIME EMPLOYEE PAYROLL AGREEMENT

This Payroll Agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the following parties:

## 1. PARTIES

<b>Employer / Company Details:</b>	<b>Employee Details:</b>
Company Name: _____	Full Name: _____
Address: _____	Address: _____
Representative Name: _____	Tax ID / SSN: _____
Title: _____	Position / Title: _____

## 2. EMPLOYMENT PARAMETERS

<b>Effective Date:</b>	_____
<b>Standard Work Hours per Week:</b>	_____
<b>Pay Period / Frequency:</b>	_____

## 3. COMPENSATION STRUCTURE

<b>Base Salary (Gross Amount):</b>	\$ _____ per _____
<b>Overtime Compensation Rate:</b>	\$ _____ per hour
<b>Payment Method:</b>	_____

## 4. AUTHORIZED DEDUCTIONS & BENEFITS

The Employer is authorized to withhold the following mandatory and voluntary deductions from the Employee's gross compensation:

- Federal, State, and Local Income Taxes as required by law.
- Social Security and Medicare (FICA) contributions.
- Employee share of health, dental, and vision insurance premiums: \$ \_\_\_\_\_ per pay period.
- Retirement contribution plans: \_\_\_\_\_% or \$ \_\_\_\_\_ per pay period.
- Other Deductions: \_\_\_\_\_

**5. BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT**

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<b>Bank Name:</b>	_____
<b>Routing Number:</b>	_____
<b>Account Number:</b>	_____
<b>Account Type:</b>	_____

**6. ACKNOWLEDGEMENT AND AUTHORIZATION**

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By signing below, both parties acknowledge and agree to the terms of payment, deduction, and scheduling as outlined in this agreement.

\_\_\_\_\_  
Authorized Employer Representative Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_