

Employee Information Sheet and Insurance Waiver

Lee Oil Company New _____ Change _____

Employee Information:

First Name _____ M.I. _____

Last Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Social Security # _____

Gender Male _____ Female _____

Hire Date _____

Date of Birth _____

Compensation:

Hourly Rate _____

Federal Information:

State Subject to W/H Taxes:

Tennessee _____

Kentucky _____

Virginia _____

State Subject to UNEMPLOYMENT TAXES:

Tennessee _____

Kentucky _____

Virginia _____

Filing Status:

_____ Single

_____ Married

_____ Married Withhold Single Rate

_____ Allowances Extra W/H\$ _____

City Taxes (WHERE APPLICABLE):

Middlesboro _____

Pineville _____

Barbourville _____

Bank Information:

Checking _____ Savings _____

Bank Name _____

ABA Routing # _____

Account # _____

TO WHOM IT MAY CONCERN:

This is to certify that I do not wish to enroll in the Company's health insurance coverage, due to the fact that I am covered under health insurance policy # _____ with (name of insurance company) _____ from another source or I prefer to waive my right to any and all Company provided health insurance coverage. I understand this fully releases the Company (Lee Oil Company, Inc./Lee's Food Mart/Lee Enterprises/Heartland, Inc.) of any and all liability for providing health insurance.

Employee Print Name

Employee Signature

Date