

EMPLOYEE LEVEL PAYROLL INFORMATION QUESTIONNAIRE

Company Name:

Instructions for use of this form:

Fill in the fields, in Adobe 8 or later. You can save the filled in form. Email the completed questionnaire and attach your completed Report Scope

Worksheet to Pow	<u>erpay.Service@C</u>	<u>eridian.com</u>			
		Request	Details		
Contact Name:				Date:	
Contact Title:					
Phone Number:			Email:		
		Quest	tions		
		Ques	tions		
1. List all app	. List all applicable payroll numbers that require this report:				
2. How frequ	2. How frequently do you want to generate this report?				
One T	ime Request	Each Pay	Monthly	Other (specify)	
The report	ing periods mus	•	months old fro	ould be included in the report?	
Payroll N	umbers		Pay Periods	to include in the report	
		e Worksheet to complete		port requirements. See the t.	
		Additiona	l Details		

