

**Payroll Employee Information**

**TO BE COMPLETED BY EMPLOYEE**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

S.S. Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Email Address: \_\_\_\_\_

Banking Information:      Checking \_\_\_\_\_      Savings \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Withholding Information:**

Status: Single \_\_\_\_\_ Married filing Separate \_\_\_\_\_ Married Filing Jointly \_\_\_\_\_

Number of Deductions: Federal \_\_\_\_\_ State \_\_\_\_\_

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**TO BE COMPLETED BY PROVENANCE TEAM MEMBER**

Date of Hire: \_\_\_\_\_

New Hire: \_\_\_\_\_      Rehire: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Background Fee: \_\_\_\_\_ Other Deductions: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

WC Code: \_\_\_\_\_      Bill Rate: \_\_\_\_\_

## SOUTH CAROLINA PAYMENT OF WAGES LAW

### I. DEFINITIONS §41-10-10.

As used in this chapter: "Employer" means every person, firm, partnership, association, corporation, receiver, or other officer of a court of this State, the State or any political subdivision thereof, and any agent or officer of the above classes employing any person in this State.

"Wages" means all amounts at which labor rendered is recompensed, whether the amount is fixed or ascertained on a time, task, piece, or commission basis, or other method of calculating the amount and includes vacation, holiday and sick leave payments which are due to an employee under any employer policy or employment contract. Funds placed in pension plans or profit sharing plans are not wages subject to this chapter.

### II. RECORDKEEPING REQUIREMENTS

§41-10-20. This chapter applies to all employers in South Carolina except that §41-10-30 does not apply to:

- (1) Employers of domestic labor in private homes.
- (2) Employers employing fewer than five employees at all times during the preceding twelve months.

§41-10-30. (A) Every employer shall notify each employee in writing at the time of hiring of the normal hours and wages agreed upon, the time and place of payment, and the deductions which will be made from the wages, including payments to insurance programs. The employer has the option of giving written notification by posting the terms conspicuously at or near the place of work. Any changes in these terms must be made in writing at least seven calendar days before they become effective. This section does not apply to wage increases.

(B) Every employer shall keep records of names and addresses of all employees and of wages paid each payday and deductions made for three years.

(C) Every employer shall furnish each employee with an itemized statement showing his gross pay and the deductions made from his wages for each pay period.

Terms of Employment Notice

Name

Security Number

Address

In compliance with §41-10-30 of the S.C. Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:  full-time  part-time  seasonal

1. Normal hours of work: (i.e., number or range of hours) per week, day, other, etc. \_\_\_\_\_

2. Rate of pay: Wages \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_ Commissions \_\_\_\_\_ % Other \_\_\_\_\_  
Bonuses: \_\_\_\_\_ Expenses: \_\_\_\_\_

3. Payday is: Weekly X Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_ Place of payment is Direct Deposit via Provenance Staffing.

4. Date and Time of payment is Fridays by 2pm.

4. Deductions to be made from wages such as, but not limited to, insurance deductions. State requirements concerning withholdings may not be the same as federal requirements.

Any changes in these terms shall be made in writing and at least seven calendar days before they become effective.

Additional Terms

The following terms may be provided at the discretion of the employer in accordance with individual company policy.

5. Vacation policy is: \_Reference Employee Handbook

6. Paid holidays are: \_Reference Employee Handbook

7. Sick leave policy is: \_Reference Employee Handbook

8. Bereavement Policy: Reference Employee Handbook

Employer Contact Information: Provenance Staffing, LLC

Company Address: 312 E. 1<sup>st</sup> Ave. Easley S.C. 29640 Phone: 864-442-6002

Employee Signature

Address:

For further information, contact:

S.C. Department of Labor, Licensing and Regulation Office of Labor Services

PO Box 11329

Columbia, S.C. 29211

(803) 896-4470