



# Arkansas Auditor of State Employee Payroll Information Sheet

**Send to:**  
Arkansas Auditor of State  
Attn: Payroll Division  
1401 W. Capitol, Ste. 325  
Little Rock, AR 72201

Employee Name (Last, First Middle Initial)				Effective Date	Employee Number
Transfer From Agency				Agency	Fund Center
Position Number				Job Title	Job Class
Cost Center				Commitment Code	Pay Grade

**Personal Data** (do not submit by e-mail if including SSN below)

Gender	Ethnic Origin	Marital Status	Date of Birth	Social Security Number
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**Employee Personal Address**

Address				Home Phone	Cell Phone
City	County	State	Zip	E-mail Address	

**Employee Business Address**

Address			Business Phone	Fax Number
City	State	Zip		

**Date Specifications**

Original Hire Date	Latest Hire Date	Career Service Date	Leave Accrual Date	Merit Increase Date
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**State Withholding Information**

Filing Status	Allowances	Dependents	Additional Withholding Amount	State Tax Exempt?
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**Federal Withholding Information**

Filing Status	Allowances	Additional Withholding Amount	Federal Tax Exempt?
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**Court Reporter / Trial Assistant (If applicable)**

Judges Name	Division	District	Phone
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**Deputy Prosecuting Attorney (If applicable)**

Prosecutor Name	Division	District	Phone
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**Submitting Office**

Contact Person	Phone
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