



**South Fork Physical Therapy**

530 Industrial Lane  
Oneida, TN 37841  
(423)569-3443

950 Baker Hwy Suite 7  
Huntsville, TN 37756  
(423) 663-3443

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Employee Legal Name \_\_\_\_\_ M F

Phone# \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

Hire Date \_\_\_\_\_ Hourly Salary

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account # for direct deposit and % or amount to be deposited into each

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

401K Employee Contribution

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