

Camp Carew

303 Hidden Bay Lane
Makanda, IL 62958
Office@CampCarew.org



Employee Payroll Information Form

Complete this form for each paid employee and submit to the Camps and Conferences Board Treasurer

Employee Name (Full): _____

Birthdate: _____

Home Address: _____

Home Telephone: _____

College/Work Address: _____

Mobile Phone: _____

Email Address: _____

Social Security Number: _____

Weekly Salary (Completed by Camp Staff): _____

Employee's Signature: _____ Date: _____

Each employee must complete and return:

- This form
- IRS Form W-4 (withholding allowance certificate)
- Department of Homeland Security Form 1-9 (employment eligibility verification)