

NEW EMPLOYEE INFORMATION

EMPLOYEE INFORMATION

NAME: _____ HOME PHONE: _____

STREET ADDRESS: _____ DATE OF BIRTH: _____
(For Insurance Only)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PERSONS TO CONTACT IN CASE OF EMERGENCY: (Please list two)

NAME: _____ NAME: _____

DAYTIME PHONE: _____ DAYTIME PHONE: _____

Division Director/Supervisor must complete the following information

DIVISION/DEPARTMENT: _____

SUPERVISOR'S NAME: _____ PHONE #: _____

NEW EMPLOYEE'S JOB TITLE: _____

BILLING CODE: _____

EMPLOYEE'S STATUS: REGULAR FULL-TIME REGULAR PART-TIME
MONTHS PER YEAR _____ TEMPORARY TEMPORARY END DATE

WAGE-HOUR/PAY PERIOD: _____ JOB GRADE: _____

HOURS PER WEEK: _____ EDUCATION LEVEL USED FOR JOB GRADE: _____

FULL BENEFITS: Y___ N___ PARTIAL BENEFITS: Y___ N___ EXEMPT: Y___ N___

APPROVED BY: _____
DIVISION DIRECTOR HUMAN RESOURCE DIRECTOR

EXECUTIVE DIRECTOR

ADMINISTRATIVE OFFICE USE ONLY

Emp. #: _____ Pay Status: _____ Home dept.: _____ Ann. Sal.: _____

WC: _____ Dept. Chg.: _____ Dept. Chg.: _____ Start Date: _____

Race: _____ Auto Class: 1 2 3 Supervisor: Y/N Item: _____ Item: _____

Original: P. File cc: Supervisor/Payroll

Data Input _____ Initial _____