NEW EMPLOYEE INFORMATION

NAME: _____ DATE: _____

DIVISION: _____

SUPERVISOR'S NAME: _____ PHONE #: _____

NEW EMPLOYEE'S JOB TITLE: _____

BILLING CODE: _____

EMPLOYEE'S STATUS: REGULAR FULL-TIME ☐ REGULAR PART-TIME ☐
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 DATE

_____
EXECUTIVE/DEVELOPMENT DIRECTOR DATE

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_____

0107.25

Revised 9 - 2018