

New Hire/Change in Status Form

Last Name _____ First Name _____ MI _____

Street Address _____

City, State and Zip _____

Social Security Number ____ - ____ - ____

Phone Number _____ Other Phone Number _____

Reason for change: (check all that apply)

- | | | | |
|------------------------------------|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> New hire | <input type="checkbox"/> Pay rate change | <input type="checkbox"/> Name | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Address | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Phone | | | <input type="checkbox"/> Other: |

NEW HIRE

Job Title _____ Department _____

Date of Hire _____ Supervisor _____

Type of Pay

(check one) Hourly Annual Salary Commission Bonus

Rate of Pay \$ _____

Work Type

Full Time Part Time Hours per week: _____

Date of Birth _____ Gender M F

Marital Status

(Check one) Single Married Divorced Separated

Number of Dependents _____

Emergency Contact _____ Phone Number _____

Relationship _____