

EMPLOYEE INFORMATION

New Hire Rehire Pay Rate Change

For Rehire, previous name if any: _____

Please complete and return to Supervisory/Manager.

PERSONAL DATA

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____

Sex

- Male
- Female

Marital Status

- Married
- Single

Race:
(Optional)

- White
- Hispanic
- Asian/Pacific Islander

- Black
- Alaskan Native
- American Indian

EMPLOYMENT DATA

Job Title: _____ Date of Hire: _____

Pay Rate: _____ Department: _____

- Hourly
- Salary
- Full-Time
- Part-Time
- Temporary

Scheduled Hours: _____

PAY RATE/DEPARTMENT CHANGE

Effective Date: _____

Previous Rate: _____

New Rate: _____

Previous Dept.: _____

New Dept.: _____

Employee Signature

Date

Supervisor/Manager Signature

Date

CHANGE IN PERSONAL DATA

Please complete the section(s) below pertaining to your specific change.

Employee Name: _____ Date: _____

Social Security #: _____ Hire Date: _____

NAME CHANGE

Previous Name: _____

New Name: _____

ADDRESS CHANGE

Previous Address: _____

New Address: _____

PHONE NUMBER CHANGE

Previous Number: _____

New Number: _____

MARITAL STATUS CHANGE*

Present Status: Single Married

New Status: Single Married

* Requires a new W-4

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Emergency Telephone: _____

PAYROLL DEDUCTION AUTHORIZATION

Employee Name: _____

Social Security #: _____ Date: _____

Pay Frequency: _____ Department: _____

EFFECTIVE DATE: _____

<u>Reason</u>	<u>Amount</u>
<input type="checkbox"/> Medical Insurance (Self)	\$ _____
<input type="checkbox"/> Medical Insurance (Dependents)	\$ _____
<input type="checkbox"/> Life Insurance	\$ _____
<input type="checkbox"/> Dental Insurance	\$ _____
<input type="checkbox"/> Retirement	\$ _____
<input type="checkbox"/> Flexible Spending Account	\$ _____
<input type="checkbox"/> Dependent Care	\$ _____
<input type="checkbox"/> Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ <u>_____</u>

I hereby authorize the above payroll deductions.

Employee Signature

Date