

New Hire/Re-Hire Form

Employee Personal Information – to be completed by employee			
<u>Legal</u> Last Name*:	<u>Legal</u> First Name*:	Social Security Number*:	Birth Date*:
Address:	City:	State:	Zip:
Primary Phone Number*:	Phone Type: __ Home __ Cell Phone	Personal Email Address*:	

Employee Company Information – to be completed by employer			
Client Name			
Title	Department:	Division:	Employee Number:
Work Site Location: ___ Remote (Home) ___ Onsite (Worksite Location): _____		Date of Hire: _____	Manager: _____
Benefits Eligible: ___ Yes ___ No If yes, benefit group name: _____		Standard Hours per Pay Period: _____	Rate of Pay: Hourly: \$ _____ per hour Salary: \$ _____ per year
Pay Method: ___ Weekly ___ Semi-Monthly ___ Bi-Weekly ___ Monthly		Date of Rehire: _____	
Type of Employment: ___ Full-Time ___ Part- Time ___ PRN (Healthcare-as needed) ___ Seasonal/temporary/intern ___ Other: _____	Exemption Status: ___ Non-exempt hourly ___ Non-exempt salary ___ Exempt Salary	Exemption Status - Definitions: <ul style="list-style-type: none"> • Non-Exempt – Employee is paid either hourly or salary and will receive overtime pay when/if working more than 40 hrs/week • Exempt – Employee is paid salary and will not receive overtime pay even when/if working more than 40 hrs/week and making more than \$35,568 annually. 	
New Remote Worksite Location: Travel Frequency: _____ GL Account: _____	Is this a new position? ___*Yes___No *If yes, please attach job description with this request and answer the questions below.		
	Will this new position?:		YES NO
	Supervise Employees?	Yes	No
	Earn Tips?	Yes	No
	Permanently work from home?	Yes	No
	Require face to face interaction?	Yes	No
	Perform clerical work only?	Yes	No
	Job Duties include sales?	Yes	No
Payroll Notes/Comments: (Stipends, Reimbursements, Pay Allowances, etc)			
Completed By:		Date Signed:	

