

NEW EMPLOYEE PAYROLL/PERSONNEL INFORMATION

Name:		Soc. Sec. No.:	
Address:		Marital Status:	
City, State, Zip Code:		Sex:	
Telephone No.:		Date of Birth:	
Appointment Date:		Start Date:	
Position:		Location/School:	
Cell Phone No.:		E-Mail:	
Frequency of Pay: <input type="checkbox"/> 22 Pay Cycle		<input type="checkbox"/> 26 Pay Cycle	
EEOC Classification: _____ White, not of Hispanic Origin		_____ Black, not of Hispanic Origin	
(Voluntary) _____ Asian or Pacific Islander		_____ Hispanic	
(Check one) _____ American Indian or Alaskan Native			
<i>In case of emergency, notify:</i>			
Name:		Telephone No.:	
<i>Employee Signature:</i>		<i>Date:</i>	

For office use only.....

Pay:	Benefits (if applicable):
Base Salary/Hourly Rate: \$ _____ Step _____	Individual <input type="checkbox"/> Family <input type="checkbox"/>
Increment (degree) _____ \$ _____	
Total Salary: \$ _____ Pro-rated: \$ _____	<div> <div> <u>Co-Pay</u> </div> <div> <u>Waived</u> </div> </div>
Tax Withholding/Dep. _____ / _____ Add'l \$ _____	HealthMate \$ _____ <input type="checkbox"/>
Ck. Loc. _____	Delta Dental \$ _____ <input type="checkbox"/>
Position Control No. (and FTE) _____	Medical Co-Pay Percentage _____ %
	Life Insurance <input type="checkbox"/>
	Pension: (Cert.) _____ % or (Non-cert.) _____ %
	Section 125 Form <input type="checkbox"/>
	Union Dues <input type="checkbox"/>

Employee #: _____ IVisions: _____ Aesop: _____

Remarks: