

Employee New Hire Data Sheet

This form is to be used whenever adding an individual to payroll. Required fields are indicated with an asterisk (*). If required fields are not completed the new hire cannot be processed through payroll.

Name (Last, First, Middle Initial)		Gender	Birth Date
		Male	
		Female	
Social Security Number	Address	City	Zip

Location	Location Payroll # (RL#)	Date of Hire
Title	Department #	Supervisor
		% / Dept.

Please select one of the following classifications based on a the employees regular schedule:

Regular Full-Time (30hrs+)	Regular Part-Time (29-20hrs)	Part-Time (Less than 20hrs)	Temporary
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Exempt/Non-Exempt	Salary/Hourly	Hours Biweekly	Salary Biweekly/Rate per hour
Exempt	Salary		
Non-Exempt	Hourly		

Employee only Medical	Employee and Children Medical
Employee only Dental	Employee and Children Dental
Employee and Spouse Medical	Employee and Family Medical
Employee and Spouse Dental	Employee and Family Dental

I-9 Compliance Case # (Employee cannot be entered into payroll without a completed I-9)

Please remember to attach: Tax Forms W4 & NC4, and direct deposit form.

Manager's Signature

Date

Executive Director Signature*

Date