

Employee Information

- NEW STAFF*
- POSITION CHANGE*
- INFORMATION/ADDRESS CHANGE

- TERMINATED STAFF
- SALARY CHANGE*
- BENEFIT CHANGE*

Section 1-Completed by Employee:

NAME: _____ D.O.B. _____

MAIDEN NAME: _____ HOME PHONE#: _____

SS# _____ DL# _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL E-MAIL ADDRESS: _____

Education (circle highest attained): HS; Assoc; BS/BA/BSW; MA/MSW;

Other: _____; School Attended: _____

Major: _____ Minor: _____

Section 2-Completed by the Office Manager:

STAFF NUMBER: _____

Section 3-Completed by Director/ Business Manager:

DIRECTOR/BUSINESS MANAGER SIGNATURE: _____

- FULL TIME
- TEMPORARY FULL TIME
- PART TIME <28

PROGRAM: _____

POSITION: _____ EFFECTIVE DATE: _____

* Director/Business Manager must also complete payroll information

Section 4-Payroll Information:

Salary
\$ _____ /YEAR

Hourly
\$ _____ /HOUR

Comments: _____

Director/Business Manager Signature: _____

Chief Operations/Chief Executive Officer Signature: _____

*White copy-to the Office Manager
Yellow copy-to the Accounting Clerk*