

# New Hire or Change to Benefits Eligible Status

New Hire – Effective Date: \_\_\_\_\_  Rehire – Effective Date: \_\_\_\_\_

Change to Benefits Eligible Status - Effective Date: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

### Employee Information:

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single  Other: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Number:  Cell  Home Email: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Primary Contact #: \_\_\_\_\_

### Employee Position:

Employee Status:  Full Time  Part Time: \_\_\_\_\_ hrs  Per Diem | Location #: \_\_\_\_\_

Temporary (Not to Exceed 6 Months) Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate of Pay: \$ \_\_\_\_\_ Biweekly Salary (if exempt): \$ \_\_\_\_\_

Grade: \_\_\_\_\_ Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> | Pay Status:  Non-Exempt  Exempt

Retirement Group: Rehired NHRS Annuitant:  Yes  No |  Group 1  Group 2

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LTC Department Head Initials: \_\_\_\_\_

O/DD: \_\_\_\_\_ Date: \_\_\_\_\_

Director of HR: \_\_\_\_\_ Date: \_\_\_\_\_

HR Initials: \_\_\_\_\_

HR Dir Initials: \_\_\_\_\_

PR Initials: \_\_\_\_\_

PR Date: \_\_\_\_\_

If Applicable

BOC Signature: \_\_\_\_\_