

New Hire or Change to Benefits Eligible Status

<input type="checkbox"/> New Hire – Effective Date: _____	<input type="checkbox"/> Rehire – Effective Date: _____
<input type="checkbox"/> Change to Benefits Eligible Status - Effective Date: _____	
Next Evaluation Date: _____	Employee #: _____

Employee Information: Social Security #: _____

Employee Name: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other/Cell Phone: _____

Email: _____ Work Email: _____

Gender: Female Male Other: _____ Marital Status: Married Single Other: _____

Emergency Contact Information:

Name: _____ Relation: _____ Primary Contact #: _____

Vehicle Information:

Vehicle #1 Make: _____ Vehicle Model: _____ Plate #: _____

Vehicle #2 Make: _____ Vehicle Model: _____ Plate #: _____

Employee Position:

Job Title: _____ Supervisor: _____

Location: _____ Department: _____

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

Pay Status: Non-Exempt Exempt Employee Type: Full Time Part Time: _____ hrs.

Per Diem Temporary (Not to Exceed 6 Months) Start Date: _____ End Date: _____

Shift: 1st 2nd 3rd Administrative

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

Employee Signature: _____	Date: _____
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LTC Department Head Initials: _____

O/DD: _____ Date: _____

Director of HR: _____ Date: _____

HR Initials: _____	Date: _____
HR Dir Initials: _____	Date: _____
PR #1: _____	
PR #2: _____	

If Applicable

BOC Signature: _____