

EMPLOYEE INFORMATION FORM

BENEFITS ELIGIBLE: ____ YES ____ NO

GENERAL INFORMATION

First Name	Middle Initial	Last Name	Suffix (Jr, Sr, III, etc.)

JOB INFORMATION-CURRENT

Job Title/Job Code	Supervisor Name	Location	Department
/			
	Work Location	Annual Salary/Hourly Rate	Full Time Hourly ____ Full Time Salary ____ Part Time ____
			Number of Hours Night shift? Yes__ No____ ; Estimated Weekly Hours:

JOB INFORMATION-NEW

Job Title/Job Code	Supervisor Name	Location	Department
Effective Change Date	Work Location	Annual Salary/Hourly Rate	Full Time Hourly ____ Full Time Salary ____ Part Time ____
			Number of Hours Night shift? Yes__ No____ ; Estimated Weekly Hours:

TO BE COMPLETED BY PAYROLL

Employee Number	Position Number	Bi-weekly/Hourly Rate	Entered By	Date

Supervisor Signature _____

Date_____

Human Resources Director _____

Date_____