

NOTICE OF NEW HIRE

FULL NAME: _____ PHONE #: _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ S.S. #: _____

_____ PROGRAM _____ JOB TITLE _____

_____ HIRE DATE _____ START DATE _____ SALARY/EXEMPT _____ OR _____ HOURLY/NON-EXEMPT _____

FULL TIME POSITION (# HRS.) _____ PART TIME (# HRS.) _____ TEMPORARY (# HRS.) _____

FUND AND/OR LOCATION _____

ELIGIBLE FOR: FULL AGENCY BENEFITS _____ NO AGENCY BENEFITS _____

THIS IS A: _____ NEW HIRE FOR A NEW POSITION APPROVED BY FINANCE AND ADMINISTRATION
_____ REPLACEMENT FOR A TERMINATED EMPLOYEE
_____ REPLACEMENT FOR A TRANSFERRED EMPLOYEE
_____ TEMPORARY REPLACEMENT FOR AN EMPLOYEE OUT ON LEAVE
_____ WILL DRIVE CLIENTS AND OR AGENCY VEHICLE
_____ CONTINUOUS OPENING

SPECIAL CONDITIONS: _____

SIGNATURE OF PROGRAM DIRECTOR DATE

ADMINISTRATIVE APPROVAL DATE

(FOR ADMINISTRATION / PAYROLL USE ONLY)

BENEFITS CHOSEN:

TDA _____
HEALTH _____
DENTAL _____
LIFE INS. _____
STD _____
BLOOD BANK _____
UNITED WAY _____
401K _____

FPA _____
ADD CHECK _____
SAM'S CLUB _____
A D & D _____
LTD _____
TERM LIFE _____
VISION _____

DEDUCTION AMOUNTS:

TDA \$ _____
FPA \$ _____
DENTAL \$ _____
HEALTH \$ _____
UNITED WAY \$ _____
TERM LIFE \$ _____
401K \$ _____
VISION \$ _____

EMPLOYEE NUMBER: _____ POSITION CONTROL NUMBER: _____ FUND CODE: _____

EMPLOYEE SIGNATURE

DATE

TO BE FILLED OUT BY PROGRAM DIRECTOR

1. PRINT NEW EMPLOYEE'S FULL NAME
2. LIST EMPLOYEE'S FULL ADDRESS
3. LIST EMPLOYEE'S TELEPHONE NUMBER
4. LIST EMPLOYEE'S SOCIAL SECURITY NUMBER
5. LIST EMPLOYEE'S DATE OF BIRTH
6. LIST PROGRAM EMPLOYEE IS BEING HIRED BY
7. LIST NEW EMPLOYEE'S JOB TITLE
8. LIST REQUESTED STATE DATE (**PLEASE GIVE A DATE, DO NOT USE ASAP**)
9. LIST YEARLY SALARY OR HOURLY RATE
10. LIST WHETHER THIS POSITION IS FULL-TIME, PART-TIME OR TEMPORARY (GIVE HOURS TO BE WORKED PER WEEK).
11. LIST WHAT TYPE OF BENEFITS THE NEW EMPLOYEE IS ELIGIBLE FOR
12. INDICATE THE STATUS OF THIS POSITION
13. SIGN AND DATE FORM AND SEND TO ADMINISTRATION (**PLEASE MAKE SURE THIS FORM IS RECEIVED BY ADMINISTRATION 3 DAYS BEFORE THE EMPLOYEE'S START DATE**).
14. MAKE SURE ANY SPECIAL CONDITIONS FOR THE OFFER LETTER ARE WRITTEN IN THE SPECIAL CONDITIONS SECTION ON FORM.

PLEASE MAKE SURE THE NOTICE OF NEW HIRE IS FILLED OUT COMPLETELY. THANK YOU!