

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: 1st 2nd 3rd | 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 Use Only
HR Initials: _____
Put on Q: Drive:

If Applicable

BOC Signature: _____