

PAYROLL NOTICE

NEW EMPLOYEES

Employee's Full Name:		Effective Date:
Address:		Job Description:
Social Security No. :	Department:	
Paid Per: <input type="checkbox"/> Hour <input type="checkbox"/> Salary	Rate:	
FTE Budget:	Adm. Approval:	
Employment Status:	Marital Status:	
Federal W/H:	Sex:	
State W/H:	Date of Birth:	
Telephone:	Race:	
<input type="checkbox"/> Benefit Pkg. <input type="checkbox"/> No-Benefit Pkg.	<input type="checkbox"/> Healthland <input type="checkbox"/> Clinicals	
<input type="checkbox"/> Phone <input type="checkbox"/> Copier	<input type="checkbox"/> Scheduler	
Comments:		

CHANGE IN CURRENT EMPLOYEE STATUS

Employee:	Dept:	Effective Date:
Please change the following:		
OLD	NEW	
Name:		
Address:		
Department:		
Rate of Pay:		