

EMPLOYEE INFORMATION SHEET
SEND COPIES TO: HUMAN RESOURCE OFFICE and PAYROLL PROCESSING

NEW EMPLOYEE:

Name _____ Date Employed _____

Address _____ Phone # _____

City/Zip Code _____ SS# _____

Municipality Code for Local Tax _____

Job Title: _____ Dept Name & # _____

Annual Salary _____ **Hourly Rate** _____ **Bi-Weekly Hours** _____

Worker's Comp Code – Circle One:

953(Clerical) **980**(High Risk) **951**(Messenger/Caseworker) **985**(Police,Corrections,Security) **960**(Nursing)

Was Local Services Tax Paid for current year? Yes or No

If yes, please enclose proof of payment. (Formerly Emergency Services Tax)

PLEASE CHECK: Union ___ Non-Union ___ Full Time ___ Per Diem ___

Race(for EEOC purposes only): White ___ Black ___ Hispanic ___ Asian ___ Other ___

WRITE IN EFFECTIVE DATE OF CHANGES FOR EXISTING EMPLOYEES

Address Change _____

Family Medical Leave: w/pay _____ w/o pay _____

Transfer _____

Date Begun _____

Salary Change _____

Date Returned _____

Job Title Change _____

Maternity Leave

Retirement _____

Date Begun _____

Resignation _____

Date Returned _____

Suspension _____

Workers' Compensation

Layoff _____

Date Begun _____

Name Change _____

Date Returned _____

Other _____

Health Deduction Changes _____

MAKE CHANGES FOR EXISTING EMPLOYEES

Name _____ Employee # _____

Address _____ Phone # _____

City/Zip Code _____ Dept Name # _____

Municipality Code for Local Tax _____

Annual Salary _____ Hourly Rate _____

TRANSFERS / SALARY / JOB TITLE CHANGES (Provide Annual & Hourly Amounts):

(Annual Salary and Hourly wage to 4 decimal places)

Job Title Change From: _____ To: _____

From Annual _____ To Annual _____

From Hourly _____ To Hourly _____

Signed by: Payroll Clerk or Department Head

Date