

**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 – Indicate One:**

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

**Was Local Services Tax Paid for current year? Yes 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 \_\_\_\_\_

Municipality Code for Local Tax \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept Name# \_\_\_\_\_

Annual Salary \_\_\_\_\_ Hourly Rate \_\_\_\_\_

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

*(Annual Salary and Hourly wage to 4 decimal places)*

From Annual \_\_\_\_\_ To Annual \_\_\_\_\_

From Hourly \_\_\_\_\_ To Hourly \_\_\_\_\_

Signed by: Payroll Clerk or Department Head

Date