



## NEW HIRE FORM

### EMPLOYEE INFORMATION – COPY DRIVERS LIC AND SS CARD BELOW

COPY DRIVERS LICENSE HERE

COPY SOCIAL SECURITY CARD HERE

Program: \_\_\_\_\_

Position: \_\_\_\_\_

### ADJUSTMENT INFORMATION

Adjusted Rate if re-hire \_\_\_\_\_

Reason for Pay Adjustment:

**\*\*NOTE** – Attach all supporting documentation such as performance/probation reviews, etc.

### ADJUSTMENT DETAILS

Effective Date: \_\_\_\_\_ Next Review Date: \_\_\_\_\_

Change Amount: \_\_\_\_\_ New Salary Amount: \_\_\_\_\_

### SIGNATURES

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Entered and  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_