

EMPLOYEE STATUS INFORMATION HIRE/CHANGE FORM

COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT NOTICE: PLEASE SUBMIT THIS INFORMATION AS SOON AS POSSIBLE TO THE AUDITOR'S OFFICE FOR PROCESSING WITH YOUR OTHER NECESSARY PAPERWORK (W-4, WH-4, PERF, INSURANCE, 1-9, COPY OF ID, DIRECT DEPOSIT FORM) * IF THIS IS A CHANGE OF INFORMATION, PLEASE FILL IN ONLY WHAT NEEDS CHANGED AND SIGN AND DATE. THANK YOU.**

Employee Name: _____ SSN#: _____

Address: _____

County of Residence: _____ Birthdate: _____ Phone # _____

Sex: Male ___ Female ___ Marital Status: Married _____ Single _____

Department: _____ Full/Part Time/Seasonal: _____

Position Title: _____ Appropriation Number: _____
(per Salary Ordinance to be completed by Auditor's Office)

Date of Hire or Change: _____ Hourly Rate: _____
(per Salary Ordinance to be completed by Dept. Head)

DEPENDENT INFORMATION (SPOUSE AND ALL CHILDREN INCLUDING STEP CHILDREN)

NAME:	RELATIONSHIP:	DATE OF BIRTH:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FULL TIME HIRES COMPLETE THE FOLLOWING.
PART TIME/SEASONAL HIRES MAY SKIP TO BOTTOM, SIGN AND DATE.

SHERIFF RETIREMENT OR PERF: STATES ON HIRE DATE. APPLICATION RECEIVED: YES ___ NO__

INSURANCE: BEGINS THE FIRST OF THE NEXT MONTH FOLLOWING YOUR 1ST 60 DAYS OF FULL TIME EMPLOYMENT. RECEIVED NECESSARY PAPERWORK? YES ___ NO ___

I AM AWARE MEDICAL DEDUCTIONS ARE PRETAXED UNLESS I NOTIFY THE PAYROLL CLERK TO DO OTHERWISE. **PLEASE INITIAL:** _____

OTHER DEDUCTIONS MAY BE AVAILABLE. CHECK WITH THE AUDITOR'S OFFICE FOR AVAILABLE PROGRAMS PAYABLE THROUGH WAGE DEDUCTIONS. THESE CAN BE ADDED AT A LATER DATE.

EMPLOYEE'S SIGNATURE:

DATE:

DEPARTMENT HEAD SIGNATURE:

DATE:
