

# 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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**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 AUDTIOR'S OFFICE FOR AVAILABLE PROGRAMS PAYABLE THROUGH WAGE DEDUCTIONS. THESE CAN BE ADDED AT A LATER DATE.

EMPLOYEE'S SIGNATURE:

DATE:

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DEPARTMENT HEAD SIGNATURE:

DATE:

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