



# EMPLOYEE RECORD SHEET

For New Hires, Re-hires and Employee Record Changes

- New Employee
- Re-hire
- Change(s)

Employer/Client Name \_\_\_\_\_ Effective date of change: \_\_\_\_\_

## SECTION 1: Employee Complete and Sign (please print clearly)

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*First Name Middle Initial Last Name (as shown on SS card)*

Employee Personal E-mail Address \_\_\_\_\_  
*Your personal email address may be used to send pay stubs or other employment related information.*

Employee Name Change (if applicable) \_\_\_\_\_ (as shown on SS card)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**NEW EMPLOYEE ONLY:** I certify that the information on this form and my employment application and/or resume is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process.

I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2: Employer Complete and Sign (please print clearly)

Employee Begin Date: \_\_\_\_\_ Client Original HireDate: \_\_\_\_\_

Job Title / Position: \_\_\_\_\_ Department \_\_\_\_\_ Work State \_\_\_\_\_ W/C Code \_\_\_\_\_

<p><b>Schedule:</b></p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Scheduled Hours per Pay Period: _____</p>	<p><b>Payroll Frequency:</b></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly</p> <p><input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly</p>	<p><b>Employee Type:</b></p> <p><input type="checkbox"/> Regular <input type="checkbox"/> On Call</p> <p><input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal</p>
<p>Is employee eligible for overtime pay according to Fair Labor Standards Act? <input type="checkbox"/> Yes (Hourly) <input type="checkbox"/> No (exempt from overtime)</p> <p><b>Pay Type/Rate:</b> <input type="checkbox"/> Hourly \$ _____ per hour <input type="checkbox"/> Salary (exempt from OT) \$ _____ <input type="checkbox"/> per pay period <b>or</b> <input type="checkbox"/> per year</p> <p><input type="checkbox"/> Commission <input type="checkbox"/> Piecework</p>		

Other Allowances Per Pay Period \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Employer/Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* In order to process payroll, this form must be submitted to ERM with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternate Dispute Resolution Agreement (ADR), and Work Permit (where applicable).