

## NEW HIRE FORM

NAME OF PERSON HIRED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

NON- EXEMPT     EXEMPT

START DATE: \_\_\_\_\_

SALARY TO BE PAID: \_\_\_\_\_ \$

POSITION SUPERVISOR SIGNATURE: \_\_\_\_\_

DEPARTMENT (S) ALLOCATED: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\* WHEN A PERSON IS HIRED, THIS FORM MUST BE COMPLETED & RETURNED TO THE HUMAN RESOURCES OFFICE SO THE PERSON CAN BE PUT ON THE COLLEGE PAYROLL\*\*\*\*\***