

NOTICE OF EMPLOYMENT – TO PAYROLL DEPARTMENT

Social Security Number _____

NAME (In Full)

Mr. _____ Mrs. _____
Dr. _____ Miss _____

(Last) (First) (Middle Initial)

SCHOOL

EMPLOYEE NUMBER (by payroll)

DEPARTMENT

ADDRESS CITY AND STATE ZIP CODE

DATE OF BIRTH MARITAL STATUS NO. DEP. NEW ^{or} RE-HIRE

INDICATE ONE: Full-time _____ Summer _____
Part-time _____ Temporary _____

POSITION OR JOB CLASSIFICATION

DATE EMPLOYED

RATE OF PAY - PER

APPROVED BY

HIRED BY

Is this a new position? YES _____ NO _____

If no, who is this employee replacing? _____
NAME

Budgeted? YES _____ NO _____