

7i ffYbhGUZZ-bZcfa Ujcb'G\ Yh

EMPLOYEE INFORMATION:

Last First Middle

A U]b['5XXYg 7]lm GUH' Njd'

____ - ____ - ____ \$ ____/hr or \$ ____/year Exempt Non-Exempt
Status (Circle One)
SGB GUfm

Benefits Eligibility (Circle One):

Full Time (30+ hours/week) Part Time with Benefits (< 30 hours/week, but > 20) Part Time without Benefits (< 20 hours/week)

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EMPLOYER INFORMATION:

DU]g #GWcc`#9bh]mBUa Y @cW]cb

Monthly Semi-Monthly (24 pays/yr) Bi-Weekly (26 pays/yr) Weekly
DUm fYei YbWff(Circle One)

Additional Information that may be helpful in the event of an emergency (Special Medical Problems, Allergies, Preferred Hospital, etc.):
