



## New Hire Status Form

Employee Name: \_\_\_\_\_  
 New Hire       Rehire

Today's Date: \_\_\_\_\_  
 Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_  
 Bilingual     Salary     Hourly Wage

Benefits Effective Date: \_\_\_\_\_

PTO Rate	
PTO Hours @ Hire	
Holiday Hours @ Hire	

Sign-On Bonus	\$	
Payment Schedule:	Pay Date	Amount

Status:  FTE  PTE  Casual  Temp

Approximate Weekly Hours: \_\_\_\_\_

Schedule (M-F, M-TH): \_\_\_\_\_

Timesheet Approver/Manager: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department:

Medical    Dental    BH  
 Pharmacy    PAS    Admin  
 Call Center

Location:

Sheboygan    Manitowoc    Schools

Comments: