

# New Employee Information Form/ Status Change Form



\* Updated August 2023

*\*if filling out for Status Change, please complete all appropriate sections*

<b>The Basics</b>	<b>Department:</b>			<b>Hire Date:</b>		
	<b>Job Title:</b>			<b>Rehire?</b>	Yes	No
	<b>Job Description:</b>	<b>Please attach a current copy of employees job description</b>				
	<b>Employee Name:</b>			<b>When? Dates/Years</b>		
	<b>Address:</b>					
	<b>Phone:</b>					
	<b>Email:</b>					
<b>Social Security #:</b>		<b>Date of Birth:</b>		<b>Optional</b> Gender: _____ Race: _____		

<b>Payroll Information</b>	<b>Status:</b> <i>(circle one)</i>	FT	PT	Temp	<b>Time Accrual:</b> <i>(circle all that apply)</i>	Personal	Vacation	Sick		
		Seasonal	Intern	PRN		Comp	Overtime			
	<b>Union:</b> <i>(circle one)</i>	AFSCME Courthouse	AFSCME Circuit Clerk	AFSCME Ambulance	FOP	Laborers' Local (Health Dept)	N/A			
	<b>Pay Type:</b> <i>(circle one)</i>	Hourly	Salary			<b>EEOC:</b> <i>(circle one)</i>	Officials & Administrators	Professionals	Technicians	Protective Service
	<b>Rate:</b>	\$	\$				Para-Professional	Administrative Support	Skilled Craft	Service & Maintenance
	<b>Hourly/Salary GL#:</b>				<b>Functions:</b> <i>(circle one)</i>		General Control	Streets & Highways	Public Welfare	Police Protection
		Fund	Dept	Line Item			Natural Resources	Parks & Recreation	Hospitals & Sanitoriums	Health
<b>Overtime GL #:</b>				Employment Security	Sanitation & Sewage	Utilities & Transportation	Corrections			
	Fund	Dept	Line Item	Community Development	Housing	Other				

*\*if multiple GL#'s are required, please attach a separate piece of paper*

<b>Status Change</b>	<b>Status Change:</b> <i>(circle one)</i>	PT to FT	Other <i>(please describe)</i> :			<b>Effective Date of Change:</b>
		FT to PT	N/A			

*\*if status change is to FT, please fill in the health insurance section below*

<b>Health Insurance</b>	<b>Has Health Insurance been offered?</b>				<b>Has Dental/Vision Insurance been offered?</b>			
	Yes	No	Decline*	Not Eligible	Yes	No	Decline	Not Eligible
	<b>Plan Chosen:</b> <i>(circle one)</i>							
	HOPE 4000 w/HSA	HOPE 1000	HRP	Dental/Vision Only	None			
<b>Flex Account?</b>				Yes	No	Not eligible		
<b>HSA Account?</b>				Yes	No	Not eligible		

*\*Insurance will take effect the 1st day of the month following the hire date (if employee is eligible).*

<b>Final Forms</b>	<b>IMRF/SLEP Complete?</b>	IMRF	SLEP	n/a	<b>Federal 1-9 Complete with copies of documents provided?</b>	Yes	No	
	<b>Direct Deposit Complete?</b>	Yes	No		<b>Employee Handbook?</b>	Yes	No	Other Department
	<b>Federal/State W-4 Complete?</b>	Yes	No		<b>Union Card?</b>	Yes	No	n/a
	<b>Employee Emergency Contact?</b>	Yes	No		<b>Voluntary Self-Identification of Disability?</b>	Yes	No	

**Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Please return a fully completed copy of this form along with ALL completed new hire forms to the County Board Office*

Office Use Only		
1095-C information updated in HR	Yes	No
Paperwork emailed to Payroll Office	Yes	No
Employee added to SafetySource Training	Yes	No