



# EMPLOYEE RECORD SHEET

Please Print Clearly

Instructions: Select New or Change, List Employee, List Employer/Client Name and Complete Sections Below

Required Entry

\* New Employee: Employers Resource Payroll Start Date \_\_\_/\_\_\_/\_\_\_ Client Original Hire Date \_\_\_/\_\_\_/\_\_\_

Employee Change: Enter new information only in Section 1 and 2 Effective Date of Change \_\_\_/\_\_\_/\_\_\_

Employee Name \_\_\_\_\_ (as shown on SS Card) Social Security # \_\_\_\_\_

Employee Name Change (if applicable) \_\_\_\_\_ (as shown on SS Card)

Employer/Client Name \_\_\_\_\_

**Section 1: Employee Complete and Sign.**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Gender:  Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

**NEW EMPLOYEE ONLY:** I certify that the information on this form is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process.

I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

Employee Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Section 2: Employer/Client Complete and Sign.**

Payroll Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Is employee eligible for overtime pay according to the Fair Labor Standards Act?

If **YES**, Regular Rate \$ \_\_\_\_\_ Per Hour **OR**  If **NO**, Salary \$ \_\_\_\_\_ Per Year

Commission  Piece Rate  Other Allowances Per Pay Period \_\_\_\_\_

Full Time \_\_\_\_\_ Hrs (Scheduled Hours per Pay Period) **OR**  Part Time \_\_\_\_\_ Hrs (Scheduled Hours per Pay Period)

Employee Type:  Regular  Temporary  On Call  Seasonal (Note: Employee type and hours per week may determine benefit eligibility.)

Job Title/Position \_\_\_\_\_ Dept. (optional) \_\_\_\_\_ Work State \_\_\_\_\_ W/C Code \_\_\_\_\_

Leave of Absence Effective Date \_\_\_/\_\_\_/\_\_\_ Return to Work Date \_\_\_/\_\_\_/\_\_\_

Reason for Leave of Absence \_\_\_\_\_

Comments \_\_\_\_\_

Employer/Client Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\*In order to process payroll, a new Employee Record Sheet must be submitted to Employers Resource with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternative Dispute Resolution Agreement (ADR), Work Permit (where applicable). Savings Club Form is optional.