

NEW EMPLOYEE HIRE FORM

Name \_\_\_\_\_

Position \_\_\_\_\_

Date Appointed \_\_\_\_\_

Date Started \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Number of hours to be worked per week \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

Approved by:

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