

**ORTHOSYNETICS
HUMAN RESOURCES DEPARTMENT
PAYROLL NEW HIRES AND PERMANENT CHANGES FORM**
Phone: (504) 828-5937; Fax: (504) 832-0156

Please Check One: NEW HIRE PERMANENT CHANGE TO EXISTING EMPLOYEE

Effective Date: _____ **Circle One:** Full Time / Part Time Job Title: _____

File Number _____ Gender _____ Home Dept. Number _____ SSN _____ - _____ - _____

Employee Name: _____

Street Address: _____

City/State/Zip Code: _____

<p>THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ALL NEW HIRES:</p> <p><input type="checkbox"/> Current Year W-4 <input type="checkbox"/> I-9 <input type="checkbox"/> Copies of ID</p>
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Rate of Pay:

Initial Hourly Wage _____

Amount of Change _____

New Hourly Rate _____

Dates:

Hire Date _____

Birth Date _____

Termination Date _____

(Please provide termination reason below)

Method of Payment:

Checking Account, Void Check Attached

Savings Account, Deposit Ticket Attached

Paycheck Mailed

(For Office Use Only)

Input By: _____

Date: _____

Explanation/Additional Information

MANAGER'S SIGNATURE (Required)
