

SDS Employee New Hire/Change Form

Employee Name: _____

Employer Name: _____

Please check all that apply:

Change of Name (A copy of documentation showing the name change is required (new driver's license, social security card) _____)

New Hire **Change**

Address: _____

Number: _____

New Hire **Change of Position**

Current Position Code: _____

New Position Code: _____

Effective Date: _____

New Hire **Change of Hourly Rate**

Current Hourly Rate: _____ per hour

New Hourly Rate: _____ per hour

Effective Date: _____

Bonus Amount: _____

Termination (include notes)

Last Day of Work: _____

Rehire: ___ Yes ___ No

Employee Signature: _____

Date: _____

Employer/SB Signature: _____

Date: _____