



Employee Information for On Boarding

Full Name: **(Last, First, MI)** _____

Date of Hire: (Start Date) _____

Rate of Pay: Hourly: Salary (per pay):

Stipend: Per:

Status: Full Time Part Time Seasonal

Pay Periods Per Year Biweekly Weekly Semi-monthly

Other (specify) _____

Position: _____

Personal E-Mail: _____

Mobile Phone: _____

Entity name and city: _____

Paylocity location number _____

Position Supervisor: _____

Number of Hours Work Per Day: _____

Will hours be recorded in WEBTIME for this Employee? No Yes

Cost Center: Entity: _____ (e.g. 3-High School)
Dept : _____ (e.g. 21-General Administration)
Class : _____ (e.g. 200-Administrator)

Is this employee a transfer from another entity? No Yes If yes, which Entity? _____

Email to Val Gervais at VG@dosp.org ASAP