



Employee Information for On Boarding

Full Legal Name: **Last, First, M**

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:

Work 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?
