

Employee Information for On Boarding

Full Legal Name:	Last, First, M	
Date of Hire: (Sta	art 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 Superviso	or:	
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-Administratior)
Is this employee a tra	nsfer from another ent	ity? No Yes If yes, which Entity?