

Employee Engagement Form
(to be completed by manager)

Start Date:

Last Name:

First Name:

Middle Initial:

Date of Birth:

Race:

Social Security Number:

Home Address:

Home Phone:

Job Title:

Full Time or Part Time (circle one)

Workers Compensation Class Code:

Department ID Code:

Location:

Salary/ Hourly Rate:

Additional Comments/ Information:

Manager's Signature:

Date:



*In addition to this form the following items
are required to add a new employee to the
payroll system:*

Employment Application

W-4 Federal Tax Form

G-4 State Tax Form

I-9 Form + Photocopies of ID

Emergency Contact Form

Post Hire Medical Questionnaire

Sexual Harassment Acknowledgement

Co-Employment Acknowledgement

Direct Deposit Form (if applicable)

***Incomplete or Missing Paperwork May Result
In a Processing Delay***