BBSI EMPLOYEE INFORMATION
New Hire, Re-Hire and Changes

☐ New Employee
☐ Re-hire
☐ Changes

Client Name _____   Effective date of change: _____

To Be Completed By Employee (please print clearly)

Employee Name _____   Social Security # _____
First Name   Middle Initial   Last Name (as shown on SS card)

Employee Personal E-mail Address _____
Your personal email address may be used to send pay stubs or other employment related information.

Employee Name Change (if applicable) _____ **(as shown on SS card**)

Address _____

City _____ State _____ Zip _____

Primary Phone Number _____   ☐Male ☐Female   Date of Birth _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number _____

To Be Completed By Employer (please print clearly)

Start Date: _____   Job Title/Position: _____   Employee ID: _____

Department _____   Location: _____   W/C Code _____

Schedule:	**Payroll Frequency:**	**Employee Type:**
☐ Full-time ☐ Part-time	☐ Weekly ☐ Semi-Monthly	☐ Regular ☐ On Call
Scheduled Hours per Pay Period: _____	☐ Bi-Weekly ☐ Monthly	☐ Temporary ☐ Seasonal

Is employee eligible for overtime pay according to Fair Labor Standards Act?   ☐ Yes (Hourly)   ☐ No (exempt from overtime)

PayType/Rate: ☐ Hourly $_____ per hour   ☐ Salary (exempt from OT) $_____   ☐ per pay period _or_   ☐ per year
☐ Commission   ☐ Other

Other Earnings Per Pay Period _____

Additional Comments: _____