

## ELECTIONS NEW EMPLOYEE DATA SHEET

<b>Name</b>		Last		First		Middle Initial	
<b>Address</b>				City		State	
Street						Zip Code	
<b>Social Security Number</b>				<b>Hourly Rate</b>			
<b>WITHHOLDING INFORMATION</b>				<b>GL Account</b>			
<i>Exempt From Withholding</i>		<input type="checkbox"/>		Dependents		<input type="checkbox"/> Unlisted	
<b>Marital Status</b>		<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Full-Time	
<b>Pay Type</b>		<input type="checkbox"/> Hourly (PT)		<input type="checkbox"/> Salary		<input type="checkbox"/> Part-Time	
						<input type="checkbox"/> Temporary	
				<b>Sex</b>		<input type="checkbox"/> Male	
						<input type="checkbox"/> Female	
				<b>RACE:</b>		<input type="checkbox"/> O (OTHER)	
<b>OVER \$600 GROSS</b>		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> W (White)	
						<input type="checkbox"/> B (Black)	
						<input type="checkbox"/> A (Asian/Pacific Islander)	
						<input type="checkbox"/> H (Hispanic)	
						<input type="checkbox"/> I (American Indian/Alaskan Native)	
				<b>EE04 Category</b>		<b>EE04 Function</b>	
<b>Hire Date</b>				<b>ADDITIONAL COMMENTS</b>			
<b>State Employment Code</b>				<b>Date</b>			
<b>Worker's Comp Code</b>				<b>Date</b>			
<b>DEDUCTIONS</b>							
<b>Retirement</b>		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<b>Administrative Services (Signature)</b>							

Copy of Driver's License and  
 Social Security Card  
**REQUIRED**