

New Employee Information Form/ Status Change Form

* Updated June 2024



**If filling out for Status Change, please complete all appropriate sections*

The Basics

Department:				Hire Date:		
Job Title:				Rehire?	Yes	No
Job Description:	Please attach a current copy of employees job description			When? Dates/Years		
Employee Name:				FMLA Start Date:		
Address:				Marital Status	Married	Single
Phone:				Optional (circle one):	Divorced	Widowed
Work Email:					Optional Gender: _____ Race: _____	
Preferred PayStub Email*:						
Social Security #:		Date of Birth:				

**Your Preferred PayStub Email will be public information and can be released upon FOIA request*

Payroll Information

Status: (circle one)	FT	PT	Temp	Time Accrual: (circle all that apply)	Personal	Vacation	Sick	
	Seasonal	Intern	PRN		Comp	Overtime	Paid Leave	
Union: (circle one)	AFSCME Courthouse	AFSCME Circuit Clerk	AFSCME Ambulance	FOP	Laborers' Local (Health Dept)	N/A		
Pay Type: (circle one)	Hourly	Salary		EEOC: (circle one)	Officials & Administrators	Professionals	Technicians	Protective Service
Rate:	\$	\$			Para-Professional	Administrative Support	Skilled Craft	Service & Maintenance
Hourly/Salary GL#:				Functions: (circle one)	General Control	Streets & Highways	Public Welfare	Police Protection
	Fund	Dept	Line Item		Natural Resources	Parks & Recreation	Hospitals & Sanitoriums	Health
Overtime GL #:					Employment Security	Sanitation & Sewage	Utilities & Transportation	Corrections
	Fund	Dept	Line Item		Community Development	Housing	Other	

**If multiple GL#'s are required, please attach a separate piece of paper*

Status Change

Status Change: (circle one)	PT to FT	Other (please describe):		Effective Date of Change:	
	FT to PT	N/A			

**If status change is to FT, please fill in the health insurance section below*

**All Health Insurance forms must be turned in to the County Board office no later than 2 weeks from date of hire to be eligible for insurance in current year.*

Health Insurance

Has Health Insurance been offered?					Has Dental/Vision Insurance been offered?			
Yes	No	Decline*	Not Eligible		Yes	No	Decline	Not Eligible
Plan Chosen: (circle one)					Flex Account?			
HOPE 4000 w/HSA	HOPE 1000	HRP	Dental/Vision Only	None	Yes	No	Not eligible	
					HSA Account?			
					Yes	No	Not eligible	

**Insurance will take effect the 1st day of the month following the hire date (if employee is eligible).*

Final Forms

IMRF/SLEP Complete?	IMRF	SLEP	n/a	Federal I-9 Complete with copies of documents provided?	Yes	No	Other Department n/a
Direct Deposit Complete?	Yes	No		Employee Handbook?	Yes	No	
Federal/State W-4 Complete?	Yes	No		Union Card?	Yes	No	
Employee Emergency Contact?	Yes	No		Voluntary Self-Identification of Disability?	Yes	No	

Department Head Signature:

Date:

**Please return a fully completed copy of this form along with ALL completed new hire forms to the County Board Office*

Office Use Only		
1095-C information updated in HR	Yes	No
Paperwork emailed to Payroll Office	Yes	No
Employee added to NeoGov Training	Yes	No