



EMPLOYEE PAYROLL FORM – NEW OR REHIRE

EMPLOYEE PROFILE

Employee Name: _____ Goshen College ID #: _____
Street Address: _____ Home Phone: _____
City, State & Zip: _____ Birth Date: _____

POSITION INFORMATION

New Hire: Job Title: _____ Account Code: _____
Rehire: Job Title: _____ Account Code: _____
Temporary: Job Title: _____ Account Code: _____

Wage/Salary: _____ Start Date: _____ End Date (if applicable): _____
Department: _____ Building: _____ Room Number: _____
Position Ranking (if applicable): _____ FTE (if applicable): _____
Preferred GC Email Username: _____ Person Replacing: _____

COMMENTS/ADDITIONAL INFORMATION

SIGNATURES

Supervisor Name (Printed) _____ GC ID #: _____
Supervisor Signature: _____ Date: _____
Human Resources Signature: _____ Date: _____