



EMPLOYEE RECORD SHEET

INSTRUCTIONS: (PLEASE PRINT CLEARLY) Complete the top header information and then applicable sections below.

* **New Employee:** PES Payroll Start Date ___/___/___ Client Original Hire Date ___/___/___
 Employee Change: enter only changed information. Effective Date of Change ___/___/___

Employee Name (as shown on SS Card) _____ Social Security # _____

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

Employer/Client Name _____

Section 1: EMPLOYEE: Complete and Sign

Address _____

City _____ State _____ Zip Code _____

Contact Phone No. _____ Gender: Male Female Date of Birth ___/___/___

Emergency Contact _____ Relationship _____ Contact Phone No. _____

NEW EMPLOYEE ONLY: I certify that the information on this form is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process.

I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

Employee Signature _____ Date ___/___/___

Section 2: EMPLOYER/CLIENT: Complete and Sign

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Is employee eligible for overtime pay according to the Fair Labor Standards Act?

If **YES**, Regular Rate \$ _____ Per Hour **OR** If **NO**, Salary \$ _____ Per Year

Commission Piece Rate Other Allowances Per Pay Period _____

Full Time _____ Hrs (Scheduled Hours per Pay Period) _____ **OR** Part Time _____ Hrs (Scheduled Hours per Pay Period)

Employee Type: Regular Temporary On Call Seasonal (Note: Employee type and hours per week may determine benefit eligibility.)

Job Title/Position _____ Dept. (optional) _____ Work State _____ W/C Code _____

Leave of Absence Effective Date ___/___/___ Return to Work Date ___/___/___

Reason for Leave of Absence: _____

Comments: _____

Employer/Client Signature _____ Date ___/___/___

***In order to process payroll, a new Employee Record Sheet must be submitted to Professional Employer Services with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternative Dispute Resolution Agreement (ADR), Work Permit (where applicable). Savings Club Form is optional.**