

## COUNTY HOSPITAL EMPLOYEE STATUS

Status as of:	Clock No.	New Hire <input type="checkbox"/>	Change <input type="checkbox"/>	Department Name and No.	
Social Security No.	Name (Last)		(First)	(Initial)	
Street Address / Mailing Address			City	State	Zip
Date of Birth	Sex	Telephone No.		Marital Status	
				Single <input type="checkbox"/>	Married <input type="checkbox"/>
Employee Type: Circle One Full Time    Part Time    PRN Temporary			Date of Hire	Job Title	

**PAYROLL ADJUSTMENTS:**

Explanation of Adjustment: \_\_\_\_\_

Calculation of Adjustment:

Pay out: \_\_\_\_\_ Add to next payroll \_\_\_\_\_ Issue special check \_\_\_\_\_

Employee Signature \_\_\_\_\_

Dept. Head \_\_\_\_\_ Date \_\_\_\_\_ Administrator \_\_\_\_\_ Date \_\_\_\_\_

Processed by Personnel \_\_\_\_\_ Date \_\_\_\_\_