

GME New Hire Form

Hire Date: _____

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____

City: _____ State: _____ Zip: _____ Tel#: _____

DOB: _____ SSN#: _____

Annual Rate: _____

Department Number: _____ Department Name: _____

Scheduled Hours: _____

Job Code: _____ Job Title: _____

Benefit Plan: GME _____

Account Code: _____ Distribution %: _____

Account Code: _____ Distribution %: _____

Account Code: _____ Distribution %: _____

Prepared by: _____

Approved by: _____

Date Submitted: _____

Email: _____

Gender: _____