

Name:					
Last		First		MI	
Address:					
City		State		Zip	
		Social Security Number:			
		Hire/Start Date:			
Marital Status:		() Married	()) Single	
Filing Status:		() Jointly	()	Single	
Household		() Married Filing Separate () Head of) Head of	
Sex:		() Male	(() Female	
		For Office Use On	ly		
Job Title:	() 01-ADM	() 06-SW	() 11-COTA	
	() 02-CL	() 07-PT	() 12-PTA	
	() 03-RN	() 08-MNT	() 13-TCS	
	() 03-LPN	() 09-SLP) 14-CM		
	() 05-HHA	() 10-OT	() 15-PSYCH	
SUI:	() KY	() IN	() IL	
Pay Method: () Hourly		()Salary	() Contract	() Per Visit	
Employee Type:		() Part-Time	() Full-Time		



Hourly Rate: \$	Salary Rate: \$	Per Visit Rate: \$
Contract Rate: \$	Overtime Pay: \$	5
Voluntary Deduction:	Family Medical: \$	Savings: \$
Additional Tax: \$	Dependent Exemp	otions: