

Employee No. _____

NON-PERMANENT PAYROLL FORM

Seasonal, Temporary, Intern, Board Member

A. EMPLOYEE SECTION: To be completed (PLEASE PRINT) by the employee and returned with other new employee forms.

Social Security Number	Last Name/First Name/Middle Initial

P.O. Box	Physical (Street) Address

City	State	Zip

Ethnic Group: White (1) Asian or Pacific Islander (4)
 Black (2) American Indian or
 Hispanic (3) Alaskan Native (5)

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Martial Status: Single
 Married

Do You Possess:
 Driver's License
 Commercial Driver's License (CDL)
 Applicator's License

Have you worked for state government before? Yes No

Date of Birth (M/D/Y)

Sex: M
 F

Home Phone _____

Cell Phone _____

**Turn page over and read & complete
EMPLOYEEACKNOWLEDGEMENT**

B. BUREAU OF PERSONNEL SECTION: To be completed (PLEASE PRINT) by the supervisor/department and returned to the department's personnel office. Other forms to be returned are employee's W-4, I-9, application, appointment letter, and copy of employee's Social Security card.

Effective Date	Base Pay 1	Shift Pay	Position Number	First Working Day

E-STATUS	MS	ES	EXPT	RETIRE CODE
2	R			

Date _____ By _____
Code _____

Supp Pay				

Current Base Pay _____ Proposed Base Pay **\$7.25/hr.** Comp Ratio (Temp only) _____ Percent of Change _____

Job Code **400605** Title **Project Skills Participant** Pay Grade **S99**

Req. Number _____ Reclass Log No. _____ Work Phone _____

Center Number **1 9 5 0** _____

Department **-VR Counselor** Date _____

Human Resource Manager _____ Date _____

Commissioner _____ Date _____