## LINCOLN COUNTY NEW EMPLOYEE PAYROLL INFORMATION SHEET (To be completed by Human Resources Office)

ı	Name:				
	Department:				
	Job Title/Position:				
	Beginning Salary:after 6 Months				
	Starting Date: Workers Comp Class Code:				
	Classification: Regular Full-time Regular Part-time Temporary (90 day Maximum) Intermittent/On-call Seasonal From/_/_To/(Dates)				
	Hours per week regularly scheduled to work:				
	Date eligible to use sick leave:(90 calendar days from beginning date of employment)				
	Date eligible to use vacation leave:(6 months from beginning date of employment)				
•	Probationary period ends:				
	Health Insurance Eligible: Yes No No Date of Eligibility (within 90 days of employment)				
	(Must be scheduled to work permanently at least 20 hours per week. Less than full-time employment requires employee contribution)				
	P.E.R.S. Eligible: Yes No (Anyone scheduled to work over 960 hours per year must contribute.)				
	S.R.S Eligible:				
L	Joh Application/Resume (date stamped by Joh Service)				

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1.	Name:		 _
2.	Address:		 
3.	Home #:	Cell #:	 _
4.	E-Mail:		 
5.	Social Security #:		
6.	Race: Asian: Black: Hispanic: American Indian: Other: Unspecified: White:		
7.	Marital Status: Married: Single:		
8.	Birthdate:		