

NEW HIRE: PERSONAL EMPLOYEE PROFILE (PEP)

First Name:			M.I: Last Name:						
Home Address:			City:				State:	Zip Code:	
County: Personal Email			ddress:				Phone #:		
Other (pleas	se specify any	other relevant info	rmation):					
I_L T':4].									
Job Title:						Start Date (MM-DD-YY):			
Direct Supervisor:							End Date (MM-DD-YY): 10 or 11 Month EE Only		
Company Co	ode:	GL Account:	-		-	10 or 11	I Month EE O	nly	
Pay Rate (annual if salaried):			Pay F	Rate (per pay period):			Work Location:		
Employee T	'ype:		Pay Frequency:			Work Office:			
Weekly Sch	eduled Hours	:							
Sunday	Monday	Tuesday	Wed	dnesday	Thursday	Frida	ıy	Saturday	
Attention Su	ipervisors:								
Computing 1	Request Form	whire form and send on the Hampshire orm to HR immedia	Website	e. **If the				nit the New Employee nd, please submit a	
Department	Head Signatu	re:							
Head of Fina	ance Signature	2.							
HR Signatur	re:								
Division Hea	ad Signature:								
President Sig	gnature:								

All template forms **must** be uploaded to ShareFile —

Managed Payroll Solutions **CANNOT ACCEPT** employee forms via email due to Privacy Regulation Laws

- EE Changes New Hires —Terms —This folder is where you upload all documents
- Template Employee Forms —This folder is where your forms are located