

REHIRE FORM

(to be completed by the employer)

Client Name/ID: _____

****NOTE: If the employee is making changes to their direct deposit information, a new direct deposit form along with a voided check will need to be submitted; **If the employee IS NOT making any changes to their direct deposit, please check this box**

EMPLOYEE INFORMATION **must fill out the following information

Rehire Date: ____/____/____ Social Security No. ____-____-____
 _____ (Last Name) _____ (First Name) _____ (Middle)

ADDRESS INFORMATION - if this information remains the same as previously submitted, check this box

Home Address: _____ Apt/Suite No. _____
 City: _____ State: _____ Zip Code: _____ County: _____

JOB DETAILS - if this information remains the same as previously submitted, check this box

Job Code/Title: _____ Department: _____ Shift: _____
 Location: _____ Employee Number: _____ Clock Number: _____

PAY - if this information remains the same as previously submitted, check this box

<u>Active</u>	<u>Temporary</u>	<u>Seasonal</u>
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time

Position: Hourly Salary Exempt Salary Non-Exempt
 Pay Method: Hour Weekly Bi-Weekly Monthly Semi-Monthly Yearly
 Pay Group: _____ Pay Rate: _____

PTO **must fill out the following information

The new PTO register is to be: New (Setup) Continue with existing balances
 What is the seniority date for the PTO? Original date of hire Rehire date

BENEFITS **must fill out the following information

Benefit Group: _____ Effective Date: ____/____/____

1. If the employee was rehired **within 30 days**, please choose one of the following options regarding benefits:

<input type="checkbox"/> No changes to benefits	<input type="checkbox"/> Waive all benefits	<input type="checkbox"/> Changes to benefits
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2. If the employee was termed for **more than 30 days**, a new enrollment form must be submitted within 30 days of rehire. Please send submissions to benefits@synuity.com

Employer Signature: _____

Date: _____