

Rehire Form



THIS FORM IS 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 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

Active: Full-Time Part-Time
Temporary: Full-Time Part-Time
Seasonal: Full-Time 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)

This 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:

No Changes to Benefits Waive All Benefits Changes to Benefits

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

Employee Signature _____

Date _____