

**FILLED OUT BY HIRING MANAGER**

*Entire packet goes to Kim Letsinger & Lee Meadows (HR), and then shared with manager(s) depending on department.*

## The Allergy, Asthma & Sinus Center New Hire Form



Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Salary: \_\_\_\_\_ per year      Hourly: \_\_\_\_\_ per hour

Status: \_\_\_\_\_ Full-time      \_\_\_\_\_ # of hrs/wk

\_\_\_\_\_ Part-time      \_\_\_\_\_ # of hrs/wk

Department: \_\_\_\_\_

Primary Location: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_