

—PART D—

**Payroll—Sign-On Form**

(BdGov.12a)

New Hire

Rehire

CENTER NAME: \_\_\_\_\_ Ctr. # \_\_\_\_\_

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

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last, first, middle initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Position: \_\_\_\_\_

\*Weekly Standard Hours: \_\_\_\_\_ \*Hourly Rate: \_\_\_\_\_

\*Start Date: \_\_\_\_\_

Submitted: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chairperson)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Operations)

*(Updated 01/2016)*