MERIT
RESOURCES, INC.

REQUIRED EMPLOYEE INFORMATION
(TO BE COMPLETED BY WORK SITE SUPERVISOR)

Client Name:

Employee Name:

Job Title:

Classification: ☐ **R**egular or **T**emporary

Status: ☐☐☐ **F**ull-time or **P**art-time or **PRN**
(Full-time is 30 or more hours per week, PRN is "per required need" or occasional)

First Day of Work: ☐☐ / ☐☐ / ☐☐☐☐

Pay Rate: ☐☐☐ , ☐☐☐ . ☐☐

Per: ☐ **H**our, **A**nnual **P**ay Period

Pay Basis: ☐ **H**ourly, **S**alaried **N**on-Exempt

FLSA Status: ☐ **E**xempt **C**ommission, **O**ther

If (Other) Pay Basis complete:

Work State: ☐☐

Work County:

Work City:

Additional Pay: ☐☐☐☐☐ , ☐☐☐☐☐ . ☐☐

Per: ☐ **H**our, **A**nnual, **P**ay Period

Pay Basis: ☐ **H**ourly, **S**alaried, **C**ommission, **O**ther

If (Other) Pay Basis complete:

Department Code (If applicable):

Job Costing Code (If applicable):

Supervisor's Work Phone Number:
(☐☐☐ **)** ☐☐☐ **-** ☐☐☐☐ **Ext.** ☐☐☐☐☐☐

Authorized Signature: Date:

Do Not Complete For Merit Resources Use Only:	PTO Accrual Plan/Rate:	

Exempt From Worker's Compensation: ☐ **Y**es or **N**o ☐☐☐☐☐ **C**ode:

EEO Code: ☐

Statutory Employee: ☐ **Y**es or **N**o

New Hire Charge: (G/L #4065) ☐☐☐☐☐☐☐☐

Benefit Eligible Date ☐☐☐☐☐☐☐☐☐☐