



NEW EMPLOYEE PROCESSING

Seasonal Employee Checklist – Recreation

RETURNING

Employee Name: _____
Last First MI

Department: _____ Date of Rehire: _____

Hours per Week: _____ Social Security: _____

Please fill out and return the following forms:

	<u>Complete</u>
Employee Information Sheet	_____
CORI Request Form (with proper ID)	_____
Work Permit (if under 18)	_____
W-4 Form	_____
OBRA Deferred Compensation Enrollment Form	_____
Seasonal Employee Certification	_____

Have any of the following changed since the 2021 Season? Please write the updated information in the provided boxes below.

[Direct Payroll Deposit](#) *If changed, please print, fill, and attach to packet*

Mailing Address

Email Address

Cell Phone Number

Employee Signature

Date