

NEW HIRE INFORMATION FORM

NAME:	DEPARTMENT:	EE#
FT or PT (Check Box) <input type="checkbox"/> Part Time <input type="checkbox"/> Full time	IF PT to FT, ENTER EFF. DATE:	HIRE DATE:
NEW HIRE ORIENTATION DATE :	BENEFITS ELIGIBLE: (Check box) <input type="checkbox"/> Yes <input type="checkbox"/> No	

NEED TO SPEAK TO UNION REP: (Check box) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Send form to the Benefits Department **one week** prior to the employee attending New Hire Orientation  
 Fax: 937-496-7407 or email to HR@mcoho.org