

OKI GOLF NEW TEAM MEMBER FORM

Location/Compensation Information: To be completed by Manager - Complete all fields

Property Name: _____			
Date of Hire: / /		Employment Status:	
<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire		<input type="checkbox"/> FT: 35+ hrs/wk year round <input type="checkbox"/> PT: less than 34 hrs/wk year round <input type="checkbox"/> Seasonal: Hired for summer season	
Supervisory Duties: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Title: _____		Supervisor Name: _____	
Department: _____		Hourly Rate: _____ /hr	Salaried Rate: _____ /per year
Hiring Manager Reminders:		Minor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Hired in Dayforce		<input type="checkbox"/> First Day Punches to Payroll	

	Job Title	Department	Hourly Rate
Expanded Wages:			

Team Member Data: To be completed by Team Member - Complete all fields

Team Member Name (As shown on Social Security Card):

First	Middle	Last
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Social Security Number:	- -	Date of Birth:	/ /	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Home Phone #:** _____ **Cell Phone #:** _____

Emergency Contact:

First	Last	Relationship
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Home Phone #: _____ **Cell Phone #:** _____ **Work Phone #:** _____

If your contact information changes, please email HRAdmin@okigolf.com with details, or complete the Team Member Change Form located on the team member website.

Signatures	Date
Team Member	_____
Manager:	_____
General Manager:	_____

FOR PAYROLL USE ONLY
Badge #

Date Received:
