



NEW HIRE & EMPLOYEE CHANGE FORM

RETURN COMPLETED FORMS TO FRONTEER PROFESSIONAL SERVICES.
FAX NUMBER: (701) 258-1011 OR EMAIL: CUSTOMERSERVICE@FPSPAYROLL.COM

NEW HIRE ADDRESS CHANGE RAISE STATUS CHANGE

NAME CHANGE TERMINATION OTHER _____

EMPLOYER: _____

NAME: _____ EFFECTIVE DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

PHONE: _____ EMAIL ADDRESS: _____

POSITION: _____

OLD RATE OF PAY: _____ NEW RATE OF PAY: _____

FULL TIME (*30+ hours per week*) PART TIME W/BENEFITS (*<30 hours per week*)
PART TIME W/O BENEFITS (*<30 hours per week*) VARIABLE
TEMPORARY FULL TIME TEMPORARY PART TIME SEASONAL

NOTES/COMMENTS: _____

TERMINATION

DATE OF TERMINATION _____ REASON: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

MANAGER SIGNATURE: _____ DATE: _____