

New Hire/"Worker" Information

General Information:		Date: _____	
Full Name:	_____	Photo:	<input type="checkbox"/>
Address:	_____	Home No:	_____

Email:	_____	RIS Tel:	_____
Status:	Permanent <input type="checkbox"/>	Full Time <input type="checkbox"/>	Paid By RIS: Yes <input type="checkbox"/>
	Temporary <input type="checkbox"/>	Part Time <input type="checkbox"/>	No <input type="checkbox"/>
	Citizen <input type="checkbox"/>	J1 <input type="checkbox"/>	H-1B <input type="checkbox"/>
		Greencard <input type="checkbox"/>	Other: <input type="checkbox"/>
If Temporary, Length of Stay:	_____	Rowland Sponsor/Supervisor:	_____
Location/Lab:	_____		
Car: Yes <input type="checkbox"/>	T-Pass -Specify Type: <input type="checkbox"/>	Subway <input type="checkbox"/>	Bus <input type="checkbox"/>
No <input type="checkbox"/>	<input type="checkbox"/> Combo <input type="checkbox"/>	Zone 1 <input type="checkbox"/>	Zone 2 <input type="checkbox"/>

HR and Benefits:	
Date of Hire: _____	Date of Birth: _____
Memo of Introduction: Yes <input type="checkbox"/> Not Nec. <input type="checkbox"/>	Date of Orientation: _____
Explanation of Services: Yes <input type="checkbox"/> Not Nec. <input type="checkbox"/>	
Safety Checklist Signed: Yes <input type="checkbox"/> Not Nec. <input type="checkbox"/>	Chemical Hygiene Plan Signed: Yes <input type="checkbox"/> Not Nec. <input type="checkbox"/>
	Biological Checklist Signed: Yes <input type="checkbox"/> Not Nec. <input type="checkbox"/>
Annual Salary: _____	Hourly Rate: _____
Explanation of Benefits: Yes <input type="checkbox"/> Not Necessary <input type="checkbox"/>	
403 (b): No <input type="checkbox"/> Yes <input type="checkbox"/>	Monthly Amount: _____