NEW HIRE REPORT

LOCATION_____

FAX 513-229-0098

EMAIL beth@aotgi.com

FIRST NAME _____

MIDDLE INITIAL _____

LAST NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

EMAIL ADDRESS _____

BIRTHDAY _____

HIRE DATE _____

MARITAL STATUS MARRIED OR SINGLE

OF EXEMPTIONS FEDERAL STATE

ADDITIONAL $ AMOUNT WITHHELD FEDERAL STATE

SCHOOL DISTRICT _____

Please print legibly

DEPARTMENT	PAYRATE AND/OR INDICATE MAIN DEPARTMENT